MARYLAND HEALTH CARE COMMISSION

2011 Comprehensive Performance Report

Commercial HMO, POS, and PPO Health Benefit Plans in Maryland

Maryland Health Care Commission

The Maryland Health Care Commission (MHCC) is a public regulatory commission appointed by the Governor with the advice and consent of the Maryland Senate. A primary function of the Commission is to evaluate and publish findings on the quality and performance of commercial health benefit plans that operate in Maryland. MHCC produces the annual comparative reports with the cooperation of the health benefit plans and their members. These annual performance reports are the only source of objective, comprehensive, independently audited information on health care quality. More information about MHCC and reports it produces is available at http://mhcc.maryland.gov.

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MEASURING AND REPORTING HEALTH CARE QUALITY

The Maryland Health Care Commission (MHCC) has been a national model for evaluating and publicly reporting health plan performance information for the last 15 years. Maryland was one of the first states to distribute a comprehensive health benefit plan "report card." Data show that health benefit plans' commitment to measurement, transparency and accountability has improved care over the years.

Assessing the performance of Maryland commercial health benefit plans is a critical component of ensuring the availability of quality health care for its residents. Consumers, purchasers, health care professionals, legislators and policy makers must be able to understand and evaluate the quality of care and services provided by plans. Using performance information supports informed health choices, aids in the purchase of the best-quality care and ensures that a plan's performance targets patient needs and expectations.

In theory, the result of developing and reporting quality information is that quality attains a value in the marketplace. As health plans begin to compete on the basis of quality, they will devote greater attention and resources to quality improvement activities. Ultimately, high-performing health benefit plans should be rewarded with greater market share as quality begins to influence consumer and employer choice.

The MHCC is legislatively charged with establishing a system of performance measurement to help improve the quality of care, and with disseminating findings to consumers, purchasers, health care benefit plans and other interested parties in Maryland. Plans' disclosure of quality information using reliable, audited, standardized measures helps purchasers and consumers learn which plans have the best results. A consistent finding in NCQA's annual *State of Health Care Quality* report is that plans that publicly report performance data perform significantly better than those that do not publicly report. Public reporting of service and quality measures promotes competition among health plans and stimulates quality improvement activities.

The MHCC has continued to promote improvements in health care by producing annual, comparative reports on the quality of care and services provided by Maryland health benefit plans. The MHCC produces this *Comprehensive Report* every year to call attention to key quality issues and to drive improvement in the delivery of care. The *Comprehensive Report* gives detailed, health benefit plan-specific, Maryland-wide indicators of performance to health benefit plans, employers that provide health insurance benefits to their employees (purchasers), health care providers, policy makers, researchers and other interested individuals. Measures included in the report cover clinical quality, member satisfaction, health benefit plan descriptive features and use of services information.

Overview of Maryland's HMO Plan Performance

In 1997, Maryland became the first state to release a report card on HMOs that contained audited data. Maryland continues to publish annual report cards. In 2008, Maryland was the first state in the nation to provide consumers with audited, comparative analysis of clinical and member satisfaction measures for preferred provider organizations (PPO). Data show that health benefit plans' commitment to measurement, transparency and accountability has improved care over the years (Table A). Of the 13 HEDIS clinical measures/indicators that had data over 10 years, 12 measures show clear trends of improvement since 2000. While year-to-year gains are often quite small, they have been steady over time. The most improvement was in the areas of childhood immunization and diabetes care. Only one measure showed a slight decline—*Breast Cancer Screening*.

Table A: Maryland Performance Over Time

Measure	2000 Maryland HMO/POS Average	2005 Maryland HMO/POS Average	2011 Maryland HMO/POS Average	Maryland Performance Over Time
Childhood Immunization Status: Combo 2	57%	77%	81%	▲
Breast Cancer Screening	72%	71%	69%	▼
Cervical Cancer Screening	72%	83%	78%	▲
Chlamydia Screening in Women (16-24 Years of Age)	28%	43%	48%	▲
Use of Appropriate Medications for People With Asthma (Combined Age Groups)	57%	93%	94%	▲
Diabetes Care: HbA1c Testing	74%	85%	88%	▲
Diabetes Care: LDL-C Screening	66%	91%	85%	▲
Diabetes Care: Eye Exams	45%	57%	55%	▲
Diabetes Care: Medical Attention for Diabetic Nephropathy	36%	56%	83%	▲
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	66%	79%	87%	▲
Controlling High Blood Pressure	38%	73%	62%	▲
Follow-Up After Hospitalization for Mental Illness: Within 7 Days	53%	58%	58%	▲
Follow-Up After Hospitalization for Mental Illness: Within 30 Days	72%	75%	76%	▲

Legend

▲ Improvement in performance rate from 2000-2011.
▼ Decline in performance rate from 2000-2011.

Note: Results for PPO plans are not shown because PPO data was not reported until 2008.

Table B shows the average Screening and Preventive Care, Treatment and Management of Care, Satisfaction With the Experience of Care, and Health Benefit Plan Descriptive Information results for the Maryland HMO/POS health benefit plans, compared with the regional and national averages.

Table B: Comparison of Maryland, Regional, and National Averages, HMO/POS, 2011

Measure/Indicator	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
Screening and Preventive Care					
Appropriate Testing for Children With Pharyngitis	85%	79%	★★★	78%	★★★
Childhood Immunization Status: Combo 2	81%	80%	★★	79%	★★★
Childhood Immunization Status: Combo 3	76%	76%	★★	75%	★★
Immunization for Adolescents	47%	62%	★	52%	★
Well-Child Visits in the First 15 Months of Life	80%	79%	★★	76%	★★★
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	78%	79%	★★	72%	★★★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent: BMI-Total	27%	31%	★★	35%	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent: Counseling for Nutrition-Total	28%	41%	★	37%	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent: Counseling for Physical Activity-Total	25%	38%	★	35%	★
Adult BMI Assessment	25%	38%	★	41%	★
Breast Cancer Screening	69%	70%	★★	71%	★
Cervical Cancer Screening	78%	76%	★★★	77%	★★★
Chlamydia Screening in Women (16-24 Years of Age)	48%	44%	★★★	43%	★★★
Colorectal Cancer Screening	63%	63%	★★	63%	★★
Aspirin Use and Discussion: Aspirin Use	45%	46%	★★	46%	★★
Aspirin Use and Discussion: Aspirin Discussion	52%	51%	★★	50%	★★
Flu Shots for Adults Ages 50-64	53%	53%	★★	53%	★★
Medical Assistance With Smoking and Tobacco Use Cessation: Advising Users to Quit	80%	79%	★★	77%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Medications	52%	53%	★★	52%	★★
Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Strategies	39%	44%	★	45%	★
Prenatal and Postpartum Care: Timeliness of Prenatal Care	94%	93%	★★	91%	★★★
Prenatal and Postpartum Care: Postpartum Care	79%	80%	★★	81%	★★
Use of Imaging Studies for Low Back Pain	74%	74%	★★	74%	★★
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	40%	41%	★★	42%	★★
Number of Measures/Indicators Above Average			**3**		**8**
Number of Measures/Indicators the Same as Average			**16**		**9**
Number of Measures/Indicators Below Average			**5**		**7**
Number of Measures/Indicators in this Domain			**24**		**24**

Table B: Comparison of Maryland, Regional, and National Averages, HMO/POS, 2011					
Measure/Indicator	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
Treatment and Management of Care					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	21%	20%	★★	23%	★
Appropriate Treatment for Children with Upper Respiratory Infection	88%	85%	★★★	85%	★★★
Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid	68%	69%	★★	70%	★★
Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	76%	77%	★★	78%	★★
Use of Appropriate Medications for People With Asthma (Combined Age Groups)	94%	93%	★★	93%	★★★
Annual Monitoring for Patients on Persistent Medications (Total Rate)	80%	81%	★	81%	★
Diabetes Care: HbA1c Testing	88%	89%	★★	90%	★
Diabetes Care: HbA1c Poor Control (>9.0%)	30%	28%	★	27%	★★★
Diabetes Care: HbA1c Good Control (<8.0%)	64%	64%	★★	62%	★★★
Diabetes Care: LDL-C Control (<100 mg/dL)	47%	49%	★★	48%	★★
Diabetes Care: LDL-C Screening	85%	86%	★★	86%	★★
Diabetes Care: Eye Exams	55%	59%	★	58%	★
Diabetes Care: Medical Attention for Diabetic Nephropathy	83%	83%	★★	84%	★★
Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	59%	64%	★	66%	★
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	87%	88%	★	89%	★
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Control (<100 mg/dL)	57%	61%	★	60%	★
Controlling High Blood Pressure	62%	65%	★	63%	★★
Persistence of Beta-Blocker Treatment After a Heart Attack	76%	77%	★★	76%	★★
Disease Modifying Anti-Rheumatic Therapy in Rheumatoid Arthritis	86%	86%	★★	88%	★
Antidepressant Medication Management: Effective Acute Phase Treatment	66%	67%	★★	65%	★★
Antidepressant Medication Management: Effective Continuation Phase Treatment	51%	51%	★★	48%	★★★
Follow-Up After Hospitalization for Mental Illness: Within 7 Days	58%	60%	★★	60%	★★
Follow-Up After Hospitalization for Mental Illness: Within 30 Days	76%	78%	★	77%	★★
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	37%	39%	★★	39%	★
Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	46%	46%	★★	43%	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation of AOD Treatment	40%	45%	★	43%	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Engagement of AOD Treatment	15%	17%	★	16%	★★

Table B: Comparison of Maryland, Regional, and National Averages, HMO/POS, 2011

Measure/Indicator	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
Number of Measures/Indicators Above Average			**1**		**5**
Number of Measures/Indicators the Same as Average			**16**		**11**
Number of Measures/Indicators Below Average			**10**		**11**
Number of Measures/Indicators in this Domain			**27**		**27**
Satisfaction With the Experience of Care					
Coordination of Care	45%	49%	★	49%	★
Getting Care Quickly	55%	60%	★	58%	★
Getting Needed Care	48%	54%	★	54%	★
Health Plan Customer Service	51%	60%	★	59%	★
Health Promotion and Education	28%	30%	★★	31%	★
How Well Doctors Communicate	70%	74%	★	73%	★
Rating of All Health Care	44%	51%	★	51%	★
Rating of Health Plan	33%	41%	★	40%	★
Shared Decision Making	56%	62%	★	62%	★
Number of Measures/Indicators Above Average			**0**		**0**
Number of Measures/Indicators the Same as Average			**1**		**0**
Number of Measures/Indicators Below Average			**8**		**9**
Number of Measures/Indicators in this Domain			**9**		**9**
Health Benefit Plan Descriptive Information					
Board Certification: Family Medicine	80%	82%	★★	79%	★★
Board Certification: Internal Medicine	80%	82%	★★	80%	★★
Board Certification: OB/GYN	77%	81%	★	80%	★
Board Certification: Pediatrician	86%	86%	★★	84%	★★★
Board Certification: Other Specialist	77%	80%	★	77%	★★
Number of Measures/Indicators Above Average			**0**		**1**
Number of Measures/Indicators the Same as Average			**3**		**3**
Number of Measures/Indicators Below Average			**2**		**1**
Number of Measures/Indicators in this Domain			**5**		**5**
Total Number of Measures/Indicators Above Average			**4**		**14**
Total Number of Measures/Indicators the Same as Average			**36**		**23**
Total Number of Measures/Indicators Below Average			**25**		**27**
Total Number of Measures/Indicators			**65**		**65**

Table C shows the average Screening and Preventive Care, Treatment and Management of Care, and Satisfaction With the Experience of Care results for the Maryland PPO health benefit plans, compared with the regional and national averages.

Table C: Comparison of Maryland, Regional, and National Averages, PPO, 2011

Measure/Indicator	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
Screening and Prevention Care					
Appropriate Testing for Children With Pharyngitis	85%	77%	★★★	77%	★★★
Breast Cancer Screening	67%	67%	★★	67%	★★
Cervical Cancer Screening	73%	75%	★	75%	★
Chlamydia Screening in Women (16-24 Years of Age)	45%	45%	★★	40%	★★★
Colorectal Cancer Screening	54%	50%	★★★	48%	★★★
Aspirin Use and Discussion: Aspirin Use	52%	50%	★★	49%	★★
Aspirin Use and Discussion: Aspirin Discussion	55%	52%	★★	52%	★★
Flu Shots for Adults Ages 50-64	56%	53%	★★	52%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation: Advising Users to Quit	N/A	74%	N/A	72%	N/A
Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Medications	N/A	48%	N/A	47%	N/A
Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Strategies	N/A	40%	N/A	39%	N/A
Use of Imaging Studies for Low Back Pain	71%	73%	★	73%	★
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	45%	43%	★★	40%	★★★
Number of Measures/Indicators Above Average			**2**		**5**
Number of Measures/Indicators the Same as Average			**6**		**3**
Number of Measures/Indicators Below Average			**2**		**2**
Number of Measures/Indicators in this Domain			**13**		**13**
Treatment and Management of Care					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	24%	22%	★★	21%	★★★
Appropriate Treatment for Children with Upper Respiratory Infection	89%	86%	★★★	84%	★★★
Use of Appropriate Medications for People With Asthma (Combined Age Groups)	94%	94%	★★	93%	★★★
Diabetes Care: HbA1c Testing	86%	84%	★★	85%	★★
Diabetes Care: LDL-C Screening	83%	82%	★★	80%	★★★
Diabetes Care: Medical Attention for Diabetic Nephropathy	79%	74%	★★★	74%	★★★
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	85%	81%	★★★	81%	★★★
Controlling High Blood Pressure	50%	59%	★	57%	★
Persistence of Beta-Blocker Treatment After a Heart Attack	74%	73%	★★	71%	★★
Antidepressant Medication Management: Effective Acute Phase Treatment	71%	67%	★★★	64%	★★★

Table C: Comparison of Maryland, Regional, and National Averages, PPO, 2011					
Measure/Indicator	**Maryland**	**Region**	**Maryland Performance Compared to Region**	**Nation**	**Maryland Performance Compared to Nation**
Antidepressant Medication Management: Effective Continuation Phase Treatment	57%	52%	★★	48%	★★★
Follow-Up After Hospitalization for Mental Illness: Within 7 Days	48%	55%	★	54%	★
Follow-Up After Hospitalization for Mental Illness: Within 30 Days	69%	74%	★	74%	★
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	34%	42%	★	38%	★
Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	60%	49%	★★★	43%	★★★
Number of Measures/Indicators Above Average			**5**		**9**
Number of Measures/Indicators the Same as Average			**6**		**2**
Number of Measures/Indicators Below Average			**4**		**4**
Number of Measures/Indicators in this Domain			**15**		**15**
Satisfaction With the Experience of Care					
Coordination of Care	43%	48%	★	48%	★
Getting Care Quickly	55%	59%	★	58%	★★
Getting Needed Care	53%	54%	★★	54%	★★
Health Plan Customer Service	49%	58%	★	55%	★
Health Promotion and Education	27%	30%	★★	29%	★★
How Well Doctors Communicate	68%	74%	★	73%	★
Rating of All Health Care	46%	49%	★	48%	★★
Rating of Health Plan	37%	38%	★★	34%	★★★
Shared Decision Making	57%	61%	★★	62%	★
Number of Measures/Indicators Above Average			**0**		**1**
Number of Measures/Indicators the Same as Average			**4**		**4**
Number of Measures/Indicators Below Average			**5**		**4**
Number of Measures/Indicators in this Domain			**9**		**9**
Total Number of Measures/Indicators Above Average			**7**		**15**
Total Number of Measures/Indicators the Same as Average			**16**		**9**
Total Number of Measures/Indicators Below Average			**11**		**10**
Total Number of Measures/Indicators			**37**		**37**

N/A The number of plans reported was too small to report a statistically significant rate.

Table D shows the average Use of Service results for HMO/POS health benefit plans. There are no Use of Service measure/indicator standards that indicate good, fair or poor performance as the true benefit of a particular service being used can only be determined on a case-by-case basis. Health benefit plans and other interested parties can use these results for initial identification or verification of outlier rates. Therefore, relative rates (i.e., above/below average scores) *are not* presented for these measures. Also, inter-plan comparison is not appropriate.

Table D: Maryland, Regional, and National Averages, HMO/POS Results, 2011

Measure/Indicator	Maryland	Region	Nation
Use of Service			
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years)	93%	93%	94%
Adults' Access to Preventive/Ambulatory Health Services (45-64 Years)	95%	96%	96%
Children and Adolescents' Access to Primary Care Practitioner (12-24 Months)	98%	98%	98%
Children and Adolescents' Access to Primary Care Practitioner (25 Months-6 Years)	93%	93%	91%
Children and Adolescents' Access to Primary Care Practitioner (7-11 Years)	94%	93%	92%
Ambulatory Care: Outpatient Visits*	3,874	4,014	3,891
Ambulatory Care: ED Visits*	198	195	187
Frequency of Selected Procedures: Tonsillectomy (0-9 Years)*	7.8	9.1	10.0
Frequency of Selected Procedures: Tonsillectomy (10-19 Years)*	2.9	3.3	3.9
Frequency of Selected Procedures: Hysterctomy-Abdominal (15-44 Years)*	2.6	3.1	2.9
Frequency of Selected Procedures: Hysterctomy-Abdominal (45-64 Years)*	4.9	4.9	4.4
Frequency of Selected Procedures: Hysterctomy-Vaginal (15-44 Years)*	1.9	2.2	2.4
Frequency of Selected Procedures: Hysterctomy-Vaginal (45-64 Years)*	3.1	3.0	3.2
Frequency of Selected Procedures: Cholecystectomy-Open (30-64 Years, Male)*	0.2	0.2	0.2
Frequency of Selected Procedures: Cholecystectomy-Open (15-44 Years, Female)*	0.1	0.1	0.1
Frequency of Selected Procedures: Cholecystectomy-Open (45-64 Years, Female)*	0.4	0.3	0.3
Frequency of Selected Procedures: Cholecystectomy-Closed (30-64 Years, Male)*	2.2	2.6	2.8
Frequency of Selected Procedures: Cholecystectomy-Closed (15-44 Years, Female)*	4.4	5.6	6.2
Frequency of Selected Procedures: Cholecystectomy-Closed (45-64 Years, Female)*	5.3	6.3	6.3
Frequency of Selected Procedures: Back Surgery (20-44 Years, Male)*	2.2	2.4	2.3
Frequency of Selected Procedures: Back Surgery (20-44 Years, Female)*	2.0	2.1	2.2
Frequency of Selected Procedures: Back Surgery (45-64 Years, Male)*	4.9	5.2	5.1

Table D: Maryland, Regional, and National Averages, HMO/POS Results, 2011			
Measure/Indicator	**Maryland**	**Region**	**Nation**
Frequency of Selected Procedures: Back Surgery (45-64 Years, Female)*	4.7	5.1	4.9
Frequency of Selected Procedures: Cardiac Procedures-PCI (45-64 Years, Male)*	5.5	6.6	6.7
Frequency of Selected Procedures: Cardiac Procedures-PCI (45-64 Years, Female)*	1.8	2.3	2.0
Frequency of Selected Procedures: Cardiac Procedures-CC (45-64 Years, Male)*	9.0	11.2	10.2
Frequency of Selected Procedures: Cardiac Procedures-CC (45-64 Years, Female)*	6.5	7.7	6.6
Frequency of Selected Procedures: Cardiac Procedures-CABG (45-64 Years, Male)*	1.7	1.6	1.9
Frequency of Selected Procedures: Cardiac Procedures-CABG (45-64 Years, Female)*	0.5	0.4	0.4
Frequency of Selected Procedures: Mastectomy (15-44 Years, Female)*	0.6	0.6	0.6
Frequency of Selected Procedures: Mastectomy (45-64 Years, Female)*	2.0	2.2	2.1
Frequency of Selected Procedures: Lumpectomy (15-44 Years, Female)*	2.6	2.5	2.4
Frequency of Selected Procedures: Lumpectomy (45-64 Years, Female)*	6.2	5.9	5.8
Frequency of Selected Procedures: Prostatectomy (45-64 Years, Male)*	2.8	2.6	2.6
Identification of Alcohol and Other Drug Services: Any Services	1.04%	0.92%	1.06%
Identification of Alcohol and Other Drug Services: Inpatient	0.29%	0.28%	0.28%
Identification of Alcohol and Other Drug Services: Intensive Outpatient or Partial Hospitalization	0.12%	0.09%	0.10%
Identification of Alcohol and Other Drug Services: Outpatient or ED	0.88%	0.75%	0.91%
Inpatient Utilization-General Hospital/Acute Care: Discharges (Total)*	52.8	53.2	53.2
Inpatient Utilization-General Hospital/Acute Care: ALOS (Total)*	3.7	3.8	3.7
Mental Health Utilization-Percentage of Members Receiving Services: Any Services	5.58%	5.50%	6.31%
Mental Health Utilization-Percentage of Members Receiving Services: Inpatient	0.24%	0.25%	0.24%
Mental Health Utilization-Percentage of Members Receiving Services: Intensive Outpatient or Partial Hospitalization	0.09%	0.09%	0.11%
Mental Health Utilization-Percentage of Members Receiving Services: Outpatient or ED	5.52%	5.44%	6.25%
Number of Measures/Indicators in this Domain	**44**	**44**	**44**

* The rate for this measure is calculated using visits/procedures per 1,000 members.

Table E shows the average Use of Service results for PPO health benefit plans. There are no Use of Service measure/indicator standards that indicate good, fair or poor performance as the true benefit of a particular service being used can only be determined on a case-by-case basis. Health benefit plans and other interested parties can use these results for initial identification or verification of outlier rates. Therefore, relative rates (i.e., above/below average scores) *are not* presented for these measures. Also, inter-plan comparison is not appropriate.

Table E: Comparison of Maryland, Regional, and National Averages, PPO, 2011

Measure/Indicator	Maryland	Region	Nation
Use of Service			
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years)	91%	92%	92%
Adults' Access to Preventive/Ambulatory Health Services (45-64 Years)	95%	95%	95%
Children and Adolescents' Access to Primary Care Practitioner (12-24 Months)	95%	97%	97%
Children and Adolescents' Access to Primary Care Practitioner (25 Months-6 Years)	89%	91%	89%
Children and Adolescents' Access to Primary Care Practitioner (7-11 Years)	89%	91%	89%
Number of Measures/Indicators in this Domain	**5**	**5**	**5**

Health Care Reform Opportunities

Health care reform offers initiatives and investments to push the health care system to exceed current performance. It challenges plans to invest in quality and compete for members based on superior care, patient experience and premiums. Specifically:

- *Reform expands coverage and choice*. Starting in 2014, Americans will have more options and support for finding and buying health insurance coverage. Medicaid coverage will expand to include all low-income people. States will develop Health Insurance Exchanges that offer a choice of plans and financial support for purchasing coverage to many people who do not have coverage through their employers or public programs.
- *Health plans must meet high standards to be included in Health Insurance Exchanges*. Qualified Health Plans (QHPs) must be accredited with respect to quality and performance. Plans must meet standards for consumer access; utilization management; quality assurance; provider credentialing; complaints and appeals; network adequacy and access; and patient information programs.
- *Public reporting on quality will help consumers choose among plans*. The Exchanges created by the PPACA could direct participants into plans that offer value. High-value plans could be visibly rewarded on the Exchanges' report cards—or listed prominently on the national Web portal. Information about high-value plans could be presented when consumers are first comparing plans.

- *Qualified health plans in Exchanges will participate in a quality incentive program* that calls for plans to improve health outcomes through:
  - Quality reporting, effective case management; care coordination; chronic disease management; and medication and care compliance initiatives, including the medical home model.
  - Prevention of hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning and post-discharge reinforcement.
  - Improvement of patient safety and reduction of medical errors through the appropriate use of best clinical practices, evidence-based medicine and health information technology.
  - Wellness and health promotion activities.
  - Reduction of care disparities. Reducing disparities is one of health plans' greatest opportunities to enhance quality.

What Can Health Plans Do?

Foster delivery-system reforms—Health plans can lead or partner with other payers (employers, Medicaid, Medicare) to sponsor PCMH and ACO projects. They can change payment methods and collect and provide data to providers to encourage these programs, set participation standards and offer technical support.

Health plans can also work with hospitals to implement safety initiatives and reduce readmissions. They can provide data to practices to help them manage and coordinate care. They can offer incentives to invest in and use HIT, explain the benefits of these innovations to members and identify participating providers.

Design benefits and coverage—Although most recent changes in benefit design have involved setting coverage limits and increasing cost sharing through higher deductibles, health plans and purchasers can collaborate to develop benefits that encourage members to select care that improves their health, and deter members from using services that are dangerous or ineffective.

Design value-based insurance—An application of designing benefits and coverage, value-based insurance design reduces cost sharing for services with the greatest value; for example, proven preventive care and maintenance therapies for chronic conditions. Another example is reference pricing, which steers physicians and patients to the most effective treatments by tying reimbursement for an item or service to the price of the most effective treatment. Less effective treatments are still covered by the plan, but members pay more for them.

Manage care—Health plans serving low-income patients and patients with multiple chronic conditions can invest in care management, which focuses on providing or connecting patients to health care and other service providers. While some of this work is moving to the delivery system, small clinical practices may not have the resources to invest in dedicated staff to do this work; health plans can either provide it or make care coordination available for sharing across multiple practices.

ABOUT THIS REPORT

OVERVIEW

The Maryland Health Care Commission (MHCC) is committed to promoting improvements in health care by reporting on the performance of Maryland health benefit plans. This year, MHCC continues its 15-year history of advancing health care quality by reporting on the performance of health maintenance organizations (HMO) and point-of-service (POS) health benefit plans.

Quality Evaluation and Reporting

Health General Article, Section 19-135 (c) charges the Maryland Health Care Commission with establishing and implementing a system for objective, comparative evaluation of the quality of care and performance of health benefit plans. The purpose of the system is to:

1. Improve quality of care by establishing a common set of performance measures.
2. Disseminate findings to purchasers, health benefit plans, consumers, and other interested parties.
3. Affect purchasing and enrollment decisions, marketplace changes, and quality initiatives implemented by commercial health benefit plans.

For the fourth year, this report includes the performance results for preferred provider organizations (PPO) that collaborated with the state to voluntarily submit data on performance. The *2011 Comprehensive Performance Report: Commercial HMO, POS, and PPO Health Benefit Plans in Maryland*, also referred to as the *Comprehensive Report,* incorporates three years of data, collected most recently in 2011 using the Healthcare Effectiveness Data and Information Set (HEDIS®[1]) measurement set and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®[2]) 4.0H survey. The measures included in the report cover clinical quality, member satisfaction, health benefit plan descriptive features, and use of service information. This Comprehensive Report gives detailed, health benefit plan-specific, Maryland-wide indicators of performance to health benefit plans, employers that provide health insurance benefits to their employees (purchasers), healthcare providers, policy makers, researchers, and other interested individuals.

A companion report, the *2011 Health Benefit Plan Performance Report: Measuring the Quality of Maryland Commercial Health Benefit Plans* communicates the performance of a subset of measures for each Maryland health benefit plan, along with the combined average performance compared with commercial health benefit plans in the region and nation.

The *Comprehensive Report* organizes measurement results into five domains of related information: Screening and Preventive Care; Treatment and Management Care; Satisfaction With the Experience of Care, Use of Service, and Health Benefit Plan Descriptive Information. Maryland health benefit plans followed the guidelines in *HEDIS 2011 Volume 2: Technical Specifications* when developing their rates.

Health benefit plans are listed alphabetically in tables that display individual health benefit plan rates and the Maryland average rate.

[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2]CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

The *Comprehensive Report* includes the following sections:

- **About the Data** covers data sources, statistical methods, and general considerations for interpreting the data in this report.
- **Measure Domains** provide the following information.
    - **Key findings** highlight salient performance results across the domain.
    - **Performance rating summary tables** display the number of measures that are above average, average, or below average for each HMO/POS plan.
    - **Measure definitions** as specified in *HEDIS 2011 Volume 2: Technical Specifications;* including a summary of any applicable measure specification changes that may affect the ability to trend results.
    - **Data tables** containing results that show HMO and POS plan rates (e.g., percentages, rates per 1,000 members), significant changes in rates from 2009–2011 where applicable, and relative rates (i.e., designation above, equivalent to, or below the Maryland average). Data tables for PPO plans contain three years of results where applicable.
- **Appendix A: Accreditation Information** presents the accreditation status of each health benefit plan. Information on the various organizations that accredit managed behavioral healthcare organizations (MBHO) is included in this section, as well. Accreditation is voluntary (i.e., not required by law) in Maryland.
- **Appendix B: Methodology for Audit of HEDIS 2011 Rates** summarizes the 2011 audit methodology used to verify that Maryland health benefit plans followed the specifications of the NCQA HEDIS Compliance Audit™[3] when they calculated rates for each measure.
- **Appendix C: Methodology for Administering the CAHPS 4.0H Survey** summarizes the survey methodology used to collect and calculate the CAHPS 4.0H 2011 survey results.
- **Appendix D: Methodology for Data Analyses** describes the method used to compare health benefit plan performance and rates across years for HEDIS and CAHPS 4.0H survey measures.

Maryland Health Benefit Plans in This Report

Figure 1 lists the Maryland health benefit plans reporting their performance in 2011. The names in bold represent how the health benefit plans are referenced in the data tables.

HMO and POS Plans

All health benefit plans report performance results for combined HMO/POS products except Kaiser Permanente who reported HMO data only. Thus, references to "HMO plans" and "HMO members" throughout this report should be understood to include POS members for seven of the eight health benefit plans. The number of Maryland HMO/POS health benefit plans reporting to MHCC increased by one to a total of eight for this year.

[3]HEDIS Compliance Audit™ is a trademark of NCQA.

PPO Plans

For the fourth year, the comparative data that health benefit plans voluntarily collected on their PPO products are included in the state's health benefit plan performance reports. According to the American Association of Preferred Provider Organizations, 69 percent of Americans who have health insurance are enrolled in a PPO plan. This report includes performance results for three PPO plans that operate in Maryland.

Figure 1: Maryland Health Benefit Plans Reporting in 2011

HMO/POS Plans (8)	PPO Plans (3)
Aetna Health, Inc. (Pennsylvania)—Maryland **(Aetna)**	Aetna Life Insurance Company (MD/DC) **(Aetna PPO)**
CareFirst BlueChoice, Inc. **(BlueChoice)**	BluePreferred PPO, underwritten by CFMI and GHMSI **(BluePreferred)**
CIGNA HealthCare Mid-Atlantic, Inc. **(CIGNA)**	Connecticut General Life Insurance Company **(CGLIC)**
Coventry Health Care of Delaware, Inc. **(Coventry)**	
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. **(Kaiser Permanente)**	
MD Individual Practice Association, Inc. **(M.D. IPA)**	
Optimum Choice, Inc. **(OCI)**	
UnitedHealthcare of the Mid-Atlantic, Inc. **(UnitedHealthcare)**	

- **Aetna,** a for-profit HMO with a PPO plan; **Coventry,** a for-profit HMO plan; and **Kaiser Permanente,** a not-for-profit HMO plan operating in Maryland, represent national health care insurers in Maryland.
- **CareFirst BlueChoice, Inc.** is a for-profit HMO. **BluePreferred** is a for-profit PPO. CareFirst of Maryland, Inc. (CFMI) and Group Hospitalization and Medical Services, Inc. (GHMSI) are not-for-profit corporations that arrange for the delivery of health care services to residents of the state of Maryland. CareFirst BlueChoice, Inc., CareFirst of Maryland, Inc., and Group Hospitalization and Medical Services, Inc. are affiliates that operate under a holding company, CareFirst Inc.
- **CIGNA** (Cigna HMO), is a for-profit HMO. **CGLIC** (Cigna PPO), is a for-profit PPO offered by Connecticut General Life Insurance Company, a wholly owned operating subsidiary of Cigna Corporation.
- **M.D. IPA** and **OCI,** for-profit HMOs, are owned and operated, a regional holding company and subsidiary of UnitedHealth Group, Inc.
- **UnitedHealthcare** of the MidAtlantic, Inc. is a for-profit HMO/POS plan and a subsidiary of UnitedHealth Group, Inc.

Figure 2 shows the percentage of members enrolled in the health benefit plans' HMO and POS products. PPO plans did not report enrollment numbers. See the *Health Benefit Plan Descriptive Information* section for more information on each HMO/POS health benefit plan.

Figure 2: 2011 Maryland HMO/POS Plan Enrollment

Health Benefit Plan	Number of Members	Percentage of Members Enrolled in HMO	Percentage of Members Enrolled in POS
Aetna	214,240	90%	10%
BlueChoice	608,149	65%	35%
CIGNA	93,189	54%	46%
Coventry	62,278	70%	30%
Kaiser Permanente	441,224	96%	4%
M.D. IPA	126,971	100%	0%
OCI	61,975	100%	0%
UnitedHealthcare	255,971	19%	81%

METHODOLOGY

This section describes the data and statistical methods used to determine relative health benefit plan performance and the statistical significance of trends. This report presents results collected using HEDIS and CAHPS from eight Maryland HMO/POS plans and three PPO plans. PPO plans voluntarily submitted data for measures included in this report. Measures are grouped into five domains of related information:

1. Screening and Preventive Care
2. Treatment and Management Care
3. Satisfaction With the Experience of Care
4. Use of Service
5. Health Benefit Plan Descriptive Information

DATA SOURCES

Data reported in the *Comprehensive Report* are drawn primarily from two source tools: the HEDIS 2011 Volume 2 Technical Specifications for Health Plans and the CAHPS 4.0H survey, Adult version.

HEDIS Performance Measures

HEDIS is a standard set of performance measures developed by the National Committee for Quality Assurance (NCQA), with assistance from experts representing many fields. NCQA is a not-for-profit organization that assesses, accredits, and reports on the quality of managed care organizations, including HMO, POS, and PPO plans.

Rates reported for the HEDIS 2011 measurement set reflect services delivered during the 2010 calendar year (CY). Similarly, 2010 and 2009 results, presented in this report for trending purposes, reflect performance experiences from CY 2009 and CY 2008, respectively. Figure 3 presents the state's reporting requirements for 2011; there are some measures that are suggested for reporting, which are referred to as "encouraged measures." In addition to HEDIS and CAHPS measures, Maryland health benefit plans were asked to provide specific data and information about their behavioral healthcare networks.

Figure 3: Maryland Reporting Requirements, 2011

Plan Type	Reporting Requirement	Number of MHCC *Required* Measures	Number of MHCC *Encouraged* Measures
HMO/POS	Mandatory	51 HEDIS + 65 CAHPS + 4 Maryland-specific	3 HEDIS
PPO	Voluntary	21 HEDIS + 65 CAHPS +4 Maryland-specific	1 HEDIS

HEDIS measurement processes and results collected by health benefit plans for MHCC have been audited by certified auditors according to the NCQA HEDIS Compliance Audit™ protocol. The audit program established by NCQA is a standardized methodology that enables direct comparison of health benefit plans' results on HEDIS performance measures. The audit is a two-part process that comprises an assessment of a health benefit plan's overall information systems capabilities, followed

by an evaluation of the health benefit plan's ability to comply with HEDIS specifications. HealthcareData Company, LLC, performed the HEDIS audit functions on site at participating health benefit plans that submitted the data displayed throughout this report, under a separate, competitively-bid contract with the MHCC. See Appendix B for more information about the audit process.

Data Collection Methodology

To capture representative results effectively, HEDIS gives all health benefit plans the choice of using the Administrative Method or the Hybrid Method of data collection for a subset of measures. The Hybrid Method allows health benefit plans to supplement data gathered from administrative data systems with data from member medical records. By using the Hybrid Method, health benefit plans can more accurately reflect their performance on each measure.

Briefly, the basic steps of the two methods are as follows:

- ***Administrative Method:*** After identifying the eligible member population for a measure, health benefit plans search their administrative database (claims and encounter systems) for evidence of the service. For some measures, rates calculated using the Administrative Method might be slightly lower than rates calculated for the same measure using the Hybrid Method.

- ***Hybrid Method:*** After selecting a random sample of eligible members for a measure, health benefit plans search their administrative database for evidence that each individual in the sample received the service. If the administrative database does not contain the information, health benefit plans consult medical records to confirm that the individuals received the service.

NCQA investigates the possibility of retiring the Hybrid Method requirements for measures required for NCQA Accreditation whenever feasible. NCQA assesses the magnitude and variation of "lift" (i.e., the difference between rates reported using administrative data alone vs. the combined use of medical record review and administrative data specified in the Hybrid Method). When the "lift" is negligible for a measure, NCQA may retire the hybrid specification.

In HEDIS 2011, HMO and POS plans continue to have the option to use the Hybrid Method to report eligible measures. Nine measures are eligible for the Hybrid Method. This year, one HMO/POS plan used the hybrid method for all nine eligible measures; two HMO/POS plans used the hybrid method for eight eligible measures; and five HMO/POS plans used the hybrid method for six eligible measures (Figure 4).

In HEDIS 2011, PPO plans have the option to use the Hybrid Method to report eligible measures, with the exception of the *Colorectal Cancer Screening* measure, which is required to be reported using the Administrative Method. This year, five measures are eligible for the Hybrid Method. Three PPO plans used the Hybrid Method for four eligible required measures and one encouraged measure (Figure 5).

HMO, POS, and PPO plans that used only administrative data to generate rates eligible for hybrid collection are indicated by a superscript "a" (ª) in the results tables. It is not appropriate to compare performance of plans that used different rate calculation methods as certain care may be better documented in the medical record than in administrative data such as blood pressure level.

Figure 4: Maryland HMO/POS Plan Use of Hybrid (H) Method vs. Administrative (A) Method								
	Aetna	Blue Choice	CIGNA	Coventry	Kaiser	M.D. IPA	OCI	UnitedHealthcare
Adult BMI Assessment	H	H	A	H	A	A	A	A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	H	H	A	H	A	A	A	A
Childhood Immunization Status	H	H	H	H	H	H	H	H
Immunization for Adolescents	A	H	A	H	H	A	A	A
Colorectal Cancer Screening	H	H	H	H	A	H	H	H
Cholesterol Management for Patients With Cardiovascular Conditions	H	H	H	A	H	H	H	H
Controlling High Blood Pressure	H	H	H	H	H	H	H	H
Comprehensive Diabetes Care	H	H	H	H	H	H	H	H
Prenatal and Postpartum Care	H	H	H	H	H	H	H	H

Figure 5: Maryland PPO Plan Use of Hybrid (H) Method vs. Administrative (A) Method			
	Aetna PPO	BluePreferred	CGLIC
Colorectal Cancer Screening	A	A	A
Cholesterol Management for Patients With Cardiovascular Conditions – LDL-C Screening	H	H	H
Controlling High Blood Pressure ***(Encouraged Measure)***	H	H	Rate is NA
Comprehensive Diabetes Care – HbA1c Testing	H	H	H
Comprehensive Diabetes Care – LDL-C Screening	H	H	H
Comprehensive Diabetes Care – Medical Attention for Diabetic Nephropathy	H	H	H

NA The health benefit plan followed the specifications but the denominator was too small to report a statistically significant rate.
See page 10 for more information.

Rotation of Measures

In 2011, MHCC allows health benefit plans to *rotate* data collection for selected HEDIS measures. This means that for eligible measures, data may be collected once and reported for two consecutive years. Measures eligible for rotation are required to have been part of the HEDIS measurement set for at least two years and are also required to have had no significant changes to the methods used to collect and report data. Measures eligible for rotation have the potential to impose a substantial burden for health benefit plans that collect and report data.

If a health benefit plan rotates a measure, valid results reported to MHCC in 2010 are shown as 2011 results in this report. Figure 6 indicates the measures that each HMO/POS plan rotated. UnitedHealthcare did not meet MHCC conditions to submit HMO performance data in 2009 or 2010. Figure 7 indicates the measures that each PPO plan rotated.

Health benefit plans that rotate the measure are identified by a superscript "r" (^{r}) in the results tables.

Figure 6: Maryland HMO/POS Plan Use of Rotated Measure Results								
	Aetna	Blue Choice	CIGNA	Coventry	Kaiser	M.D. IPA	OCI	UnitedHealthcare
Childhood Immunization Status	R	R	R			R	R	R
Colorectal Cancer Screening						R	R	R
Cholesterol Management for Patients with Cardiovascular Conditions		R	R			R	R	R
Comprehensive Diabetes Care – HbA1c Testing	R	R	R	R		R	R	R
Comprehensive Diabetes Care – HbA1c Poor Control	R	R	R	R		R	R	R
Comprehensive Diabetes Care – HbA1c Good Control	R	R	R	R		R	R	R
Comprehensive Diabetes Care – LDL-C Control	R	R	R	R		R	R	R
Comprehensive Diabetes Care – LDL-C Screening	R	R	R	R		R	R	R
Comprehensive Diabetes Care – Eye Exams				R		R	R	R
Comprehensive Diabetes Care – Medical Attention for Diabetic Nephropathy		R	R	R		R	R	R
Comprehensive Diabetes Care – Blood Pressure Control	R		R			R	R	R

Figure 7: Maryland PPO Plan Use of Rotated Measure Results			
	Aetna PPO	BluePreferred	CGLIC
Cholesterol Management for Patients with Cardiovascular Conditions		R	
Comprehensive Diabetes Care – HbA1c Testing	R		
Comprehensive Diabetes Care – HbA1c Poor Control	R		
Comprehensive Diabetes Care – HbA1c Good Control	R		

CAHPS 4.0H Survey Measures

A statistically valid random sample of health benefit plan members participate in the CAHPS 4.0H survey. The survey contains questions covering such topics as enrollment and coverage, access to and utilization of health care, communication and interaction with providers, interaction with health benefit plan administration, self-perceived health status, and respondent demographics. The *Satisfaction With Experience of Care* section of this report contains CAHPS 4.0H survey results from health benefit plan members.

The MHCC has contracted with WB&A Market Research to administer the CAHPS 4.0H survey to the adult, commercial HMO/POS, and PPO plan populations. A random sample of 1,210 members from each Maryland health benefit plan was surveyed in 2011. The survey was administered according to the protocol outlined by NCQA in *HEDIS 2011, Volume 3: Specifications for Survey Measures*. See Appendix C for additional information regarding survey methodology.

Measure Audit Results

HEDIS Compliance Audits result in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. All measures selected for public reporting must have a final, audited result. The auditor approves the rate or report status of each measure and survey included in the audit, as shown below:

- A rate or numeric result. The organization followed the specifications and produced a reportable rate or numeric result for the measure.
- *Small Denominator (NA)*.
    - *For HEDIS measures:* the organization followed the specifications but the denominator, the number of members who meet criteria for a measure, was less than 30, too small to report a valid rate that is statistically significant. If fewer than 30 people constitute the population undergoing comparison, the statistical validity and measure meaningfulness is compromised.
    - *For CAHPS survey measures:* the organization accurately generated a rate but the denominator was less than 100, too small to report a valid rate that is statistically significant. NCQA's guidelines set 100 as the lower acceptable limit for survey measure denominators. If fewer than 100 people constitute the population undergoing comparison, the statistical validity and measure meaningfulness is compromised.
- *Benefit Not Offered (NB)*. The organization did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).
- *Not Reportable (NR)*. The organization calculated the measure but the rate was materially biased, or the organization chose not to report the measure or was not required to report the measure. According to NCQA guidelines, materially biased indicated the following: for measures reported as a rate (e.g., *Effectiveness of Care*) and for the three service measures, "materially biased" is an error that causes a ± 5 percentage point difference in the reported rate. For non-rate measures (e.g., *Use of Services* and survey measures), materially biased is an error that causes a ± 10 percent change in the reported rate. Health benefit plans must report a rate for each measure included in the MHCC performance reporting set; they do not have the option of not calculating or not reporting rates for these measures. Thus, each *Not Report (NR)* designation that appears in the Maryland health benefit plan performance report means that the health benefit plan did not pass the audit for that measure.

Calculation of Relative Rates

This report contains Maryland HMO/POS plan averages for each measure, and presents a comparison analysis between individual health benefit plan averages and the state average. State averages and a comparison analysis are not included for PPO plans in the measure results tables because PPO plan participation and reporting is voluntary. Regional PPO plan averages are included in the place of state averages. The regional PPO average includes plans located in Washington, DC, Delaware, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia.

All HMO/POS plans contribute equally to the state average rate of performance. The state average rate for HMO/POS plans is determined by adding the rate for each HMO/POS plan and dividing by eight. Then individual plan rates are compared to the unweighted average rate of performance for all eight HMO/POS Maryland plans. When the difference between a health benefit plan's rate and the Maryland HMO/POS plan average is statistically significant and the health benefit plan's rate is above the Maryland average, the health benefit plan is assigned to the "significantly better" category; accordingly, if the health benefit plan's rate is below the Maryland average, the health benefit plan is assigned to the "significantly worse" category. To determine the statistical significance of differences between two values, a 95 percent degree of confidence is used. See Appendix D for a detailed description of this methodology.

The tables in this report use the following symbols to denote relative comparisons:

★★★ The plan performed significantly better than the Maryland HMO/POS average.

★★ The plan's performance is equivalent to the Maryland HMO/POS average.

★ The plan performed significantly worse than the Maryland HMO/POS average.

In some situations, two health benefit plans with the same rate could be classified into two different performance rating categories for a measure. This possibility is related to the width of a confidence interval around the difference between the health benefit plan and the Maryland average. The width of a confidence interval is inversely related to the size of the denominator. A health benefit plan with a relatively small denominator will have a wider confidence interval than a health benefit plan with a large denominator. The wider the confidence interval the more likely it is to contain the Maryland HMO/POS average. If the Maryland HMO/POS average lies within the confidence interval, the plan receives an "average" rating. Conversely, the narrower the confidence interval, the less likely it is to contain the Maryland HMO/POS average. Therefore, the health benefit plan with the larger denominator is less likely to be classified with an "average" rating.

For example, Plan A and Plan B both report a rate of 85 percent for a given measure. The Maryland HMO/POS average for this example is 80 percent. Plan A has a larger denominator which means it has a narrower confidence interval. In this example, the Maryland HMO/POS average does not fall within Plan A's narrower confidence interval so Plan A would be designated with an "above-average" rating. Plan B has a small denominator which means it has a wider confidence interval. In this example, the Maryland HMO/POS average is included in Plan B's confidence interval so Plan B would be designated an "average" rating.

Additionally, health benefit plans with the same rate could be designated as performing at two different levels because statistical tests were conducted using entire numbers without rounding. Rates were rounded for display in this report.

In other situations, the health benefit plan could have the same rate for 2010 and 2011 years but the number of stars could differ. This can be attributed to the variation in the number of health benefit plans reporting each year, i.e. seven plans reported in 2010 and eight plans in 2011.

Understanding Data Comparisons and Changes From 2009–2011

Comparison over time provides an assessment of the quality of services offered by health benefit plans and an opportunity to look at trends toward improved performance. The HMO/POS tables contain a column titled "Change 2009–2011," which indicates whether a change in a health benefit plan's actual rate from 2009–2011 is statistically significant and, if so, the direction of the change. It is an indicator of the consistency of a health benefit plan's performance over time rather than its performance relative to other health benefit plans.

The tables use the following symbols:

↑ Plan rate increased significantly from 2009–2011.

⇔ Plan rate did not change significantly from 2009–2011.

↓ Plan rate decreased significantly from 2009–2011.

The three columns titled "Comparison of Relative Rates" show how each HMO/POS plan performed in relation to the other plans that reported each year. The relative score is an indicator of the health benefit plan's performance as better, equivalent to or worse, relative to the Maryland HMO/POS average.

Note: Comparison over time is not available for the following:

- New measures added to this report. Since MHCC strives to improve transparency, new measures will be added to the MHCC's Quality and Performance Reporting Requirements (QPRR) over time. For measures that were not required prior to 2011 there is no data from prior years to perform a comparison over time.
- New measures added to the HEDIS measurement set. Since this is the first year that data is being reported for a new measure, there is no data from prior years to perform a comparison over time.
- UnitedHealthcare. Since this is the first year that data from UnitedHealthcare is being included in this report, there is no data from prior years to perform a comparison over time.

Since the comparison over time (arrow indicators) is based on a plan's actual rate and the relative rate (star indicators) is based on the plan's rate in relation to the Maryland average, there are times that the plan's rate may significantly be different over time (arrow indicator) and the plan's relative rate (star indicators) could stay the same or even decline if the Maryland average increases or the plan's relative rate (star indicators) could stay the same or improve if the Maryland average decreases over the same time period being measured.

To illustrate this point, a plan's actual rate may have changed from 70 percent in 2009 and had 3 stars to 75 percent in 2011 with 1 stars—a significant actual rate increase that would be identified with the "↑" symbol. The Maryland HMO/POS average changed from 60 percent in 2009 to 80 percent in 2011. In this example, the health benefit plan's relative rate may have been significantly better than the Maryland HMO/POS average in 2009 indicated by 3 stars but significantly worse in 2011 because of the upward shift in the Maryland HMO/POS average.

Percentiles

NCQA annually releases Quality Compass®[4], which contains HEDIS rates and averages obtained from hundreds of HMO and HMO/POS plans across the country. These data are used to construct scores by quartile and for the top (90th percentile) and bottom (10th percentile) deciles. A score in the top decile is higher than the scores of at least 90 percent of the HMO and HMO/POS plans that report to Quality Compass; a score in the bottom decile is lower than the scores of at least 90 percent of the HMO and HMO/POS plan scores in Quality Compass.

Rates and averages in the top and bottom deciles in the *Use of Service* section of this report are indicated by the following symbols:

- ▲ Plan rate is higher than 90% of other plans nationally.
- ▼ Plan rate is lower than 90% of other plans nationally.

General Considerations for Interpreting Information

PPO Plans Voluntarily Reporting

Participating PPO plans voluntarily submitted data for public reporting on 25 HEDIS measures and all CAHPS measures. This year only three PPO plans voluntarily participated; therefore, state PPO plan averages and comparison analysis are not included in the measures results tables.

Data Completeness

A health benefit plan might not have complete data on all services rendered to its members because:

- In health benefit plan mergers or acquisitions, the surviving health benefit plan must integrate all data from predecessor plans for future HEDIS reporting. Administrative data system conversions can be complex and can lead to data loss. Even if a system conversion has not taken place, gathering data for HEDIS measures from multiple systems can raise data integration issues that may lead to data loss.
- For some HMO providers, payment is capitated and is not associated with each service rendered to patients; therefore, providers may not always submit the encounter information to the HMO plan, even though care was provided.
- Some health benefit plans do not receive complete patient data from contractual vendors that provide laboratory, radiology, pharmacy, and mental health services. Health benefit plans however have improved data transfers from vendors by implementing incentive programs and making this requirement part of their contracts.

These factors, along with the choice of the Administrative Method or the Hybrid Method of data collection, can cause under reporting of HEDIS results that cannot be attributed to differences in performance. Under reporting may happen when a health benefit plan chooses to only use the Administrative Method for a measure that allows the Hybrid Method, as a health benefit plan only using the Administrative Method has less access to data. Although health benefit plans continually work to improve their data for use in performance measurement and quality improvement, it is extremely difficult to demonstrate the effects of these factors on final HEDIS rates.

[4]Quality Compass® is a registered trademark of NCQA.

Performance Measurement Issues

Health benefit plan performance assessment methods are under continual development. Each year, HEDIS measures are refined and new measures are added to create a reliable and valid means of evaluation. Factors to consider when interpreting results are highlighted throughout this report, when applicable. In addition to differences in quality, the following issues can cause variation in HEDIS results:

- HEDIS measures collected using the Administrative Method include the health benefit plan's entire population. HEDIS measures collected using the Hybrid Method are calculated from samples of a health benefit plan's eligible population. Even if the health benefit plan's sampling methods conform to statistical methods, there is a small chance that the sample does not represent the underlying population. The likelihood of this random error occurring is small, but the estimate obtained with a sample may produce a result that exceeds the five percent error tolerance set by HEDIS specifications.
- For health benefit plans choosing to rotate data collection for eligible measures, the comparison over time (2009–2011) statistical testing is not a true reflection of change over three years. When exercising the rotation option, health benefit plans use valid results from the previous year for the current reporting year; therefore, the change in rate may only be a reflection of health benefit plan results over two years.
- Some measures allow optional exclusions. This means that health benefit plans are allowed to exclude certain members from the denominator if they are identified as having had a specific procedure or comorbidity (e.g., women who have had a bilateral mastectomy can be excluded from the *Breast Cancer Screening* measure).
- The HEDIS results presented in this report are not risk adjusted, which may account for variation in rates for some measures, such as those in the *Frequency of Selected Procedures* measure. There may be differences in health benefit plan populations that cause rate variation, even when the quality of health care delivered is the same. For example, Plan A may have a sicker population than Plan B. Although both plans may provide the same quality of care, Plan A may have higher utilization rates for some services because its members need more medical care than the healthier members of Plan B. Consequently, results are not caused by differences in performance.

DOMAIN 1: SCREENING AND PREVENTIVE CARE

Health care practices emphasize preventing disease and reducing its effects. This means undergoing screenings for life-threatening or chronic illness and taking protective measures to reduce the risk of infectious diseases. The measures in this domain indicate the percentage of people who received recommended screening and preventive care services. Results include comparative data for HMO/POS as well as PPO health benefit plans on selected measures. The selected measures for Screening and Preventive Care are grouped into categories and presented in the following order:

- **Children/Adolescent Measures**
  - **Appropriate Testing for Children With Pharyngitis†**
  - **Childhood Immunization Status**
  - **Immunizations for Adolescents**
  - **Adolescent Well-Care Visits**
  - **Well-Child Visits in the First 15 Months of Life**
  - **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life**
  - **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**
- **Prevention Measures**
  - **Adult BMI Assessment**
  - **Breast Cancer Screening†**
  - **Cervical Cancer Screening†**
  - **Chlamydia Screening in Women†**
  - **Colorectal Cancer Screening†**
- **Survey Measures**
  - **Aspirin Use and Discussion†**
  - **Flu Shots for Adults Ages 50–64†**
  - **Medical Assistance With Smoking and Tobacco Use Cessation†**
- **Other Measures**
  - **Prenatal and Postpartum Care**
  - **Use of Imaging Studies for Low Back Pain†**
  - **Use of Spirometry Testing in the Assessment and Diagnosis of COPD†**

†Results include comparative data for PPO plans.

Maryland HMO/POS Health Benefit Plans

- Figure 8 depicts health benefit plans' performance on measures in the Screening and Preventive Care domain. One health benefit plan performed significantly better than the Maryland average on 20 measures while the other seven health benefit plans performed significantly better on zero to seven measures. All but two health benefit plans performed equivalent to the Maryland average on ten to 15 measures. Two health benefit plans performed significantly worse on 12 or more measures.
- The Maryland HMO/POS plan average was above 50 percent for 15 measures and below 50 percent for 10 measures.
- The Maryland HMO/POS plan average was highest for the *Prenatal and Postpartum Care, Timeliness of Prenatal Care* indicator at 94 percent. Maryland HMO/POS plans' rates ranged from 88 percent to 99 percent (Table 40).
- The *Appropriate Testing for Children with Pharyngitis* Maryland HMO/POS plans' average increased by 3 percentage points to 85 percent from 2009 to 2011 (Table 1).
- The widest variation amongst Maryland HMO/POS plans, 39 percentage points, was for the *Immunizations for Adolescents* measure. HMO/POS plans' rates ranged from 35 percent to 74 percent. This was the first year HMO/POS plans rates were reported (Table 6).
- The second widest variation amongst Maryland HMO/POS plans, 23 percentage points, was for the *Breast Cancer Screening* measure. HMO/POS plans' rates ranged from 60 percent to 83 percent. (Table 20).
- The lowest rates for the Screening and Preventive Care domain were for the three *Weight Assessment and Counseling for Nutrition &Physical Activity for Children/Adolescent* total indicators. The Maryland HMO/POS plan averages ranged from 25 percent to 28 percent (Tables 12, 15 and 18). This is partly due to some HMO/POS plans using the administrative method to collect the data.

Maryland PPO Health Benefit Plans

- For *Colorectal Cancer* Screening, Maryland PPO plans were at or above the regional average of 50 percent (Table 27).
- Maryland PPO plans scored above the regional average of 77 percent for *Appropriate Testing for Children with Pharyngitis*. Two Maryland PPO plans scored 84 percent and 1 plan scored 85 percent (Table 2).
- For *Flu Shots for Adults Ages 50-64*, one Maryland PPO plan's rate increased by 8 percentage points and another Maryland PPO plan's rate increased by 7 percentage points from 2009 to 2011. A third Maryland PPO plan's rate dropped by 1 percentage point (Table 33).
- For *Cervical Cancer Screening*, one Maryland PPO plan's rate increased by 12 percentage points from 2009 to 2011. One Maryland PPO plan rate dropped slightly and the other stayed the same from 2009 to 2011 (Table 23).
- For *Use of Spirometry Testing in Assessment and Diagnosis of COPD*, all of the Maryland PPO plans' rates increased between 4 and 9 percentage points from 2009 to 2011 (Table 45).

2011 Maryland HMO/POS Plan Summary of Performance Ratings for Screening and Preventive Care

Figure 8: 2011 Maryland HMO/POS Plan[1] Summary of Performance Ratings[2] for Screening and Preventive Care			
	Above-Average Performance ★★★	Average Performance ★★	Below-Average Performance ★
Aetna	4	13	5
BlueChoice	4	15	6
CIGNA	7	11	7
Coventry	6	10	9
Kaiser Permanente	20	5	0
M.D. IPA	4	15	6
OCI	0	12	13
UnitedHealthcare	2	7	12

[1] A state average cannot be calculated for PPO plans because participation is voluntary and too few health benefit plans elected to participate in 2011. A summary of performance for PPO plans in Maryland is not included.

[2] For the *Childhood Immunization Status* and *Immunizations for Adolescents* measures, the individual immunization star counts are not included in this table. For the *Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents*, the table includes the total rate indicators; age-band indicators for this measure are not included in this table. The individual immunization rates and age stratification rates are included in the report.

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Appropriate Testing for Children With Pharyngitis

The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Table 1: Appropriate Testing for Children With Pharyngitis, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**82%**	**82%**	**85%**	**3%**			
Aetna	82%	80%	84%	⇔	★★	★	★★
BlueChoice	82%	83%	83%	↑	★★	★★	★
CIGNA	83%	83%	85%	⇔	★★	★★	★★
Coventry	74%	75%	74%	⇔	★	★	★
Kaiser Permanente	93%	92%	96%	↑	★★★	★★★	★★★
M.D. IPA	84%	83%	85%	⇔	★★	★★	★★
OCI	81%	81%	84%	↑	★	★★	★★
UnitedHealthcare			86%				★★★

Table 2: Appropriate Testing for Children With Pharyngitis, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**76%**	**76%**	**77%**
Aetna PPO	84%	85%	84%
BluePreferred	82%	83%	84%
CGLIC	87%	86%	85%

Legend

Change 2009–2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Childhood Immunization Status

The percentage of 2-year-olds who received the recommended vaccines listed in Table 4. The measure calculates a rate for each vaccine and nine separate combination rates. Two combination rates are presented in this report and include the following:

- Combination 2: The percentage of 2-year old children who received four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV) immunization.
- Combination 3: The percentage of 2-year old children who received four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV) immunization.

Childhood Immunization Status

Table 3: Percentage of Children Immunized, 2011 HMO/POS Results																		
	Combo 2*		Combo 3*		DTaP		IPV		MMR		HiB*		Hep B		VZV		PCV	
Maryland HMO/POS Average	**81%**		**76%**		**88%**		**92%**		**93%**		**96%**		**89%**		**93%**		**86%**	
Aetna	78%[r]	★★	72%[r]	★★	89%[r]	★★	91%[r]	★★	93%[r]	★★	96%[r]	★★	89%[r]	★★	93%[r]	★★	84%[r]	★★
BlueChoice	84%[r]	★★	75%[r]	★★	88%[r]	★★	93%[r]	★★	93%[r]	★★	96%[r]	★★	89%[r]	★★	93%[r]	★★	85%[r]	★★
CIGNA	87%[r]	★★★	82%[r]	★★★	92%[r]	★★★	96%[r]	★★★	95%[r]	★★	98%[r]	★★★	93%[r]	★★★	94%[r]	★★	90%[r]	★★★
Coventry	82%	★★	79%	★★	89%	★★	94%	★★	93%	★★	95%	★★	90%	★★	93%	★★	89%	★★
Kaiser Permanente	88%	★★★	85%	★★★	92%	★★★	96%	★★★	95%	★★	96%	★★	94%	★★★	95%	★★	90%	★★★
M.D. IPA	81%[r]	★★	74%[r]	★★	89%[r]	★★	92%[r]	★★	94%[r]	★★	97%[r]	★★	90%[r]	★★	93%[r]	★★	84%[r]	★★
OCI	74%[r]	★	71%[r]	★	86%[r]	★★	90%[r]	★★	88%[r]	★	95%[r]	★★	84%[r]	★	91%[r]	★★	83%[r]	★★
UnitedHealthcare	74%[r]	★	71%[r]	★	84%[r]	★	87%[r]	★	90%[r]	★★	93%[r]	★	87%[r]	★★	90%[r]	★★	83%[r]	★★

* In 2011, increased the required number of doses for the HiB vaccine from 2 to 3. In 2009, revised the required number of doses for the HiB vaccine, per Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommendations, to defer the third HiB booster during vaccine shortage.

[r] The health benefit plan elected to resubmit previous year's data. Refer to page 8 for information about measure rotation.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.

★★ Plan performed equivalent to the Maryland HMO/POS average.

★ Plan performed significantly worse than the Maryland HMO/POS average.

Childhood Immunization Status

Table 4: Combination 2, HMO/POS Results*						
	Comparison of Absolute Rates			*Comparison of Relative Rates*		
	2009	2010	2011	2009	2010	2011
Maryland HMO/POS Average	**83%**	**74%**	**81%**			
Aetna	85%	78%	78%[r]	★★	★★★	★★
BlueChoice	82%	84%	84%[r]	★★	★★★	★★
CIGNA	87%	87%	87%[r]	★★★	★★★	★★★
Coventry	81%	31%[a]	82%	★★	★	★★
Kaiser Permanente	86%	80%	88%	★★	★★★	★★★
M.D. IPA	82%	81%	81%[r]	★★	★★★	★★
OCI	81%	74%	74%[r]	★★	★★	★
UnitedHealthcare			74%[r]			★

* In 2009, the required number of doses for the HiB vaccine, was revised per ACIP recommendations to defer the third HiB booster during vaccine shortage. In 2011, the required number of doses for the HiB vaccine increased from 2 to 3.

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.

★★ Plan performed equivalent to the Maryland HMO/POS average.

★ Plan performed significantly worse than the Maryland HMO/POS average.

Childhood Immunization Status

Table 5: Combination 3, HMO/POS Results*						
	Comparison of Absolute Rates			*Comparison of Relative Rates*		
	2009	2010	2011	2009	2010	2011
Maryland HMO/POS Average	**77%**	**69%**	**76%**			
Aetna	77%	72%	72%[r]	★★	★★	★★
BlueChoice	73%	75%	75%[r]	★	★★★	★★
CIGNA	82%	82%	82%[r]	★★★	★★★	★★★
Coventry	76%	29%[a]	79%	★★	★	★★
Kaiser Permanente	81%	78%	85%	★★	★★★	★★★
M.D. IPA	76%	74%	74%[r]	★★	★★★	★★
OCI	76%	71%	71%[r]	★★	★★	★
UnitedHealthcare			71%[r]			★

* In 2009, the required number of doses for the HiB vaccine, was revised per ACIP recommendations to defer the third HiB booster during vaccine shortage. In 2011, the required number of doses for the HiB vaccine increased from 2 to 3.

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.

★★ Plan performed equivalent to the Maryland HMO/POS average.

★ Plan performed significantly worse than the Maryland HMO/POS average.

Immunizations for Adolescents

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

Table 6: Percent of Adolescents Immunized, 2011 HMO/POS Results						
	Combo 1		Meningococcal		Tdap	
Maryland HMO/POS Average	**47%**		**52%**		**66%**	
Aetna	39%[a]	★	47%[a]	★	58%[a]	★
BlueChoice	51%	★★	53%	★★	69%	★★
CIGNA	38%[a]	★	45%[a]	★	66%[a]	★★
Coventry	56%	★★★	60%	★★★	68%	★★
Kaiser Permanente	74%	★★★	76%	★★★	83%	★★★
M.D. IPA	47%[a]	★★	52%[a]	★★	67%[a]	★★
OCI	40%[a]	★	44%[a]	★	63%[a]	★
UnitedHealthcare	35%[a]	★	42%[a]	★	53%[a]	★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Adolescent Well-Care Visits

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care physician or an OB/GYN practitioner during the measurement year.

Table 7: Adolescent Well-Care Visits, HMO/POS Results*						
	Comparison of Absolute Rates			*Comparison of Relative Rates*		
	2009	2010	2011	2009	2010	2011
Maryland HMO/POS Average	**45%**	**46%**	**47%**			
Aetna	44%[a]	46%	46%	★★	★★	★
BlueChoice	46%[a]	46%	47%	★★★	★★	★★
CIGNA	44%[a]	47%	46%	★★	★★★	★★
Coventry	44%[a]	44%	46%	★	★	★★
Kaiser Permanente	45%[a]	50%	50%	★★	★★★	★★★
M.D. IPA	45%	45%	47%	★★	★	★★★
OCI	48%	42%	45%	★★	★	★
UnitedHealthcare			46%			★★

* The data collection methodology changed in HEDIS 2010; therefore, 2009 data should not be compared to 2010 or 2011 data.

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.

★★ Plan performed equivalent to the Maryland HMO/POS average.

★ Plan performed significantly worse than the Maryland HMO/POS average.

Well-Child Visits in the First 15 Months of Life

The percentage of children who turned 15 months old during the measurement year and who had zero to six or more well-child visits with a primary care physician during their first 15 months of life.

The table shows the percentage of children who turned 15 months old and received six or more well-child visits by the time they reached 15 months of age.

Table 8: Six or More Well-Child Visits, HMO/POS Results*

	Comparison of Absolute Rates			*Comparison of Relative Rates*		
	2009	2010	2011	2009	2010	2011
Maryland HMO/POS Average	**79%**	**78%**	**80%**			
Aetna	65%[a]	67%	71%	★	★	★
BlueChoice	78%[a]	79%	80%	★★	★★	★★
CIGNA	83%[a]	84%	86%	★★★	★★★	★★★
Coventry	77%[a]	80%	81%	★★	★★	★★
Kaiser Permanente	81%[a]	83%	86%	★★★	★★★	★★★
M.D. IPA	90%	79%	82%	★★★	★★	★★
OCI	81%	77%	78%	★★	★★	★★
UnitedHealthcare			77%			★

* The data collection methodology changed in HEDIS 2010; therefore, this measure should not be trended with previous years' data.

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.

★★ Plan performed equivalent to the Maryland HMO/POS average.

★ Plan performed significantly worse than the Maryland HMO/POS average.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

The percentage of children 3–6 years of age during the measurement year who received one or more well-child visits with a primary care physician during the measurement year.

Table 9: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, HMO/POS Results*

	Comparison of Absolute Rates			*Comparison of Relative Rates*		
	2009	2010	2011	2009	2010	2011
Maryland HMO/POS Average	**74%**	**75%**	**78%**			
Aetna	75%[a]	78%	78%	★★	★★★	★★
BlueChoice	76%[a]	75%	78%	★★★	★★	★★
CIGNA	74%[a]	78%	79%	★★	★★★	★★
Coventry	76%[a]	74%	82%	★★	★★	★★★
Kaiser Permanente	74%[a]	77%	79%	★★	★★★	★★★
M.D. IPA	72%	75%	78%	★★	★★	★★
OCI	72%	69%	74%	★★	★	★
UnitedHealthcare			78%			★★

* The data collection methodology changed in HEDIS 2010; therefore, this measure should not be trended with previous years' data.

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The percentage of members 3–17 years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of BMI percentile documentation and counseling for nutrition and for physical activity during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether a BMI percentile is assessed, not an absolute BMI value.

In 2011, revised the age in the measure description from 2 to 3 years of age to match the eligible population criteria. The eligible population ages did not change from 2010 to 2011.

Table 10: BMI—Ages 3–11, HMO/POS Results

	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**18%**	**26%**		
Aetna	1%[a]	47%	★	★★★
BlueChoice	6%	36%	★	★★★
CIGNA	28%	1%[a]	★★★	★
Coventry	15%	37%	★★	★★★
Kaiser Permanente	75%[a]	86%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 11: BMI—Ages 12–17, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**19%**	**27%**		
Aetna	<1%[a]	47%	★	★★★
BlueChoice	2%	44%	★	★★★
CIGNA	25%	<1%[a]	★★★	★
Coventry	24%	39%	★★	★★★
Kaiser Permanente	78%[a]	87%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 12: BMI—Total, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**18%**	**27%**		
Aetna	1%[a]	47%	★	★★★
BlueChoice	4%	39%	★	★★★
CIGNA	27%	1%[a]	★★★	★
Coventry	18%	38%	★★	★★★
Kaiser Permanente	76%[a]	86%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 13: Counseling for Nutrition—Ages 3-11, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**20%**	**30%**		
Aetna	<1%[a]	57%	★	★★★
BlueChoice	13%	54%	★	★★★
CIGNA	55%	<1%[a]	★★★	★
Coventry	51%	60%	★★★	★★★
Kaiser Permanente	22%[a]	67%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 14: Counseling for Nutrition—Ages 12–17, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**16%**	**26%**		
Aetna	<1%[a]	40%	★	★★★
BlueChoice	8%	51%	★	★★★
CIGNA	<1%	<1%[a]	★★★	★
Coventry	43%	52%	★★★	★★★
Kaiser Permanente	22%[a]	66%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 15: Counseling for Nutrition—Total, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**19%**	**28%**		
Aetna	<1%[a]	50%	★	★★★
BlueChoice	11%	53%	★	★★★
CIGNA	49%	<1%[a]	★★★	★
Coventry	48%	57%	★★★	★★★
Kaiser Permanente	22%[a]	67%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 16: Counseling for Physical Activity—Ages 3–11, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**18%**	**25%**		
Aetna	0% [a]	41%	★	★★★
BlueChoice	25%	41%	★★★	★★★
CIGNA	34%	<1% [a]	★★★	★
Coventry	48%	52%	★★★	★★★
Kaiser Permanente	21% [a]	67% [a]	★★★	★★★
M.D. IPA	<1% [a]	<1% [a]	★	★
OCI	0% [a]	<1% [a]	★	★
UnitedHealthcare		<1% [a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 17: Counseling for Physical Activity—Ages 12–17, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**20%**	**24%**		
Aetna	<1%[a]	36%	★	★★★
BlueChoice	26%	45%	★★★	★★★
CIGNA	39%	<1%[a]	★★★	★
Coventry	51%	48%	★★★	★★★
Kaiser Permanente	21%[a]	65%[a]	★★	★★★
M.D. IPA	<1%[a]	0%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Table 18: Counseling for Physical Activity—Total, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**19%**	**25%**		
Aetna	<1%[a]	39%	★	★★★
BlueChoice	25%	43%	★★★	★★★
CIGNA	36%	<1%[a]	★★★	★
Coventry	49%	50%	★★★	★★★
Kaiser Permanente	21%[a]	66%[a]	★★★	★★★
M.D. IPA	<1%[a]	<1%[a]	★	★
OCI	<1%[a]	<1%[a]	★	★
UnitedHealthcare		<1%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Adult BMI Assessment

The percentage of members 18–74 years of age who had an outpatient visit and had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.

Table 19: Adult BMI Assessment, HMO/POS Results

	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2010	2011	2010	2011
Maryland HMO/POS Average	**23%**	**25%**		
Aetna	1%[a]	37%	★	★★★
BlueChoice	14%	33%	★	★★★
CIGNA	36%	1%[a]	★★★	★
Coventry	28%	40%	★★★	★★★
Kaiser Permanente	78%[a]	88%[a]	★★★	★★★
M.D. IPA	1.27%[a]	1.60%[a]	★	★
OCI	1.01%[a]	1.40%[a]	★	★
UnitedHealthcare		1.21%[a]		★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Breast Cancer Screening

The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.

Table 20: Breast Cancer Screening, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**69%**	**70%**	**69%**	**0%**			
Aetna	68%	69%	69%	⇔	★	★★	★★
BlueChoice	68%	68%	67%	🡻	★	★	★
CIGNA	69%	70%	70%	⇔	★★	★★★	★★★
Coventry	69%	69%	68%	⇔	★★	★	★★
Kaiser Permanente	78%	82%	83%	🡹	★★★	★★★	★★★
M.D. IPA	65%	66%	65%	⇔	★	★	★
OCI	64%	63%	60%	🡻	★	★	★
UnitedHealthcare			68%				★

Table 21: Breast Cancer Screening, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**65%**	**68%**	**67%**
Aetna PPO	68%	69%	68%
BluePreferred	65%	65%	67%
CGLIC	66%	66%	66%

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Cervical Cancer Screening

The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.

Table 22: Cervical Cancer Screening, HMO/POS Results*						
	Comparison of Absolute Rates			*Comparison of Relative Rates*		
	2009	2010	2011	2009	2010	2011
Maryland HMO/POS Average	**81%**	**77%**	**78%**			
Aetna	79%[a]	77%	77%	★	★★	★
BlueChoice	82%	77%	77%	★★	★	★
CIGNA	86%	79%	78%	★★★	★★★	★★
Coventry	77%	75%	75%	★	★	★
Kaiser Permanente	82% [a]	78%	84%	★★★	★★★	★★★
M.D. IPA	84%	80%	79%	★★	★★★	★★★
OCI	77% [a]	76%	75%	★	★	★
UnitedHealthcare			79%			★★★

* The data collection methodology changed in HEDIS 2010; therefore, 2009 data should not be compared to 2010 or 2011 data.

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Table 23: Cervical Cancer Screening, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**74%**	**75%**	**75%**
Aetna PPO	77%	77%	77%
BluePreferred	54%	55%	66%
CGLIC	77%	77%	75%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average

Chlamydia Screening in Women

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Table 24: Combined Ages (16–24 Years of Age), HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**47%**	**48%**	**48%**	**1%**			
Aetna	33%	45%	48%	↑	★	★	★★
BlueChoice	47%	41%	38%	↓	★★	★	★
CIGNA	44%	46%	47%	⇔	★	★	★★
Coventry	42%	42%	44%	⇔	★	★	★
Kaiser Permanente	72%	74%	71%	↓	★★★	★★★	★★★
M.D. IPA	46%	47%	46%	⇔	★★	★	★
OCI	43%	45%	45%	↑	★	★	★
UnitedHealthcare			45%				★

Table 25: Combined Ages (16–24 Years of Age), PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**45%**
Aetna PPO	46%
BluePreferred	41%
CGLIC	47%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Colorectal Cancer Screening

The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.

Table 26: Colorectal Cancer Screening, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**62%**	**62%**	**63%**	**1%**			
Aetna	59%	62%	63%	⇔	★★	★★	★★
BlueChoice	58%	58%	59%	⇔	★★	★★	★★
CIGNA	68%	72%	73%	⇔	★★★	★★★	★★★
Coventry	57%	46%[a]	57%	⇔	★	★	★
Kaiser Permanente	71%	66%[a]	72%[a]	🡅	★★★	★★★	★★★
M.D. IPA	61%	68%	68%[r]	🡅	★★	★★★	★★★
OCI	57%	59%	59%[r]	⇔	★	★★	★★
UnitedHealthcare			55%[r]				★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Table 27: Colorectal Cancer Screening, PPO Results

	Comparison of Absolute Rates
	2011
Regional PPO Average	**50%**
Aetna PPO	54%[a]
BluePreferred	58%[a]
CGLIC	50%[a]

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

Legend

Change 2009-2011

- 🡅 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡇 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Aspirin Use and Discussion

This measure assesses different facets of aspirin use management. The measure data is collected by survey for this measure. This measure allows use of the rolling average method. This allows a health plan to include up to two consecutive years of data collection to obtain a denominator sufficient to calculate statistically significant results for each of the two measures, which includes the following:

1. *Aspirin Use:* A rolling average represents the percentage of members who are currently taking aspirin. A single rate is reported; the denominator includes:
    a. Women 56–79 years of age, with at least two risk factors for cardiovascular disease
    b. Men 46–65 years of age, with at least one risk factor for cardiovascular disease
    c. Men 66–79 years of age, regardless of risk factors.
2. *Discussing Aspirin Risks and Benefits:* A rolling average represents the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. A single rate is reported; the denominator includes:
    a. Women 56–79 years of age
    b. Men 46–79 years of age.

Aspirin Use and Discussion

Table 28: Aspirin Use, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**45%**	
Aetna	44%	★★
BlueChoice	47%	★★
CIGNA	37%	★
Coventry	45%	★★
Kaiser Permanente	45%	★★
M.D. IPA	47%	★★
OCI	53%	★★
UnitedHealthcare	NA	NA

Table 29: Aspirin Use, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**52%**
Aetna PPO	49%
BluePreferred	57%
CGLIC	51%

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Aspirin Use and Discussion

Table 30: Aspirin Discussion, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**52%**	
Aetna	48%	★★
BlueChoice	54%	★★
CIGNA	56%	★★
Coventry	53%	★★
Kaiser Permanente	54%	★★
M.D. IPA	51%	★★
OCI	50%	★★
UnitedHealthcare	48%	★★

Table 31: Aspirin Discussion, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**55%**
Aetna PPO	57%
BluePreferred	55%
CGLIC	51%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Flu Shots for Adults Ages 50–64

The percentage of members 50–64 years of age who received an influenza vaccination between September 1 of the measurement year and the date when the CAHPS 4.0H Adult Survey was completed. The measure data is collected by survey for this measure. This measure allows use of the rolling average method. This allows a health plan to include up to two consecutive years of data collection to obtain a denominator sufficient to calculate statistically significant results for a measure.

Table 32: Flu Shots for Adults Ages 50–64, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**51%**	**52%**	**53%**	**2%**			
Aetna	48%	52%	51%	⇔	★★	★★	★★
BlueChoice	47%	50%	51%	⇔	★★	★★	★★
CIGNA	50%	50%	56%	⇔	★★	★★	★★
Coventry	49%	46%	46%	⇔	★★	★	★
Kaiser Permanente	57%	57%	61%	⇔	★★★	★★★	★★★
M.D. IPA	55%	58%	56%	⇔	★★★	★★★	★★
OCI	48%	48%	48%	⇔	★★	★★	★★
UnitedHealthcare			52%				★★

Table 33: Flu Shots for Adults Ages 50–64, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**51%**	**52%**	**53%**
Aetna PPO	51%	56%	59%
BluePreferred	59%	62%	58%
CGLIC	44%	48%	51%

Legend

Change 2009-2011

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Medical Assistance With Smoking and Tobacco Use Cessation

Three measures make up the *Medical Assistance With Smoking and Tobacco Use Cessation* survey component. For each measure, a rolling average of the members 18 years of age and older who are current smokers were asked about specific guidance from their practitioners. The measure data is collected by survey for this measure. This measure allows use of the rolling average method. This allows a health plan to include up to two consecutive years of data collection to obtain a denominator sufficient to calculate statistically significant results for each of the three measures, which include the following:

1. *Advising Smokers and Tobacco Users to Quit* shows the percentage of members whose practitioner advised them to quit smoking or using tobacco products.
2. *Discussing Smoking Cessation Medications* shows the percentage of members whose practitioner recommended or discussed smoking or tobacco use cessation medications.
3. *Discussing Smoking Cessation Strategies* shows the percentage of members whose practitioner discussed or provided smoking or tobacco use cessation methods or strategies.

Since the denominator criteria changed in 2010, a rolling average could not be calculated. Without a rolling average, plans could not report the measure because the denominator was too small. Thus 2010 data is not shown. See page 10 for more information on denominator size.

Medical Assistance With Smoking and Tobacco Use Cessation

Table 34: Advising Smokers and Tobacco Users to Quit, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2009	2011*	2009	2011
Maryland HMO/POS Average	**77%**	**80%**		
Aetna	NA	NA	NA	NA
BlueChoice	79%	79%	★★	★★
CIGNA	NA	81%	NA	★★
Coventry	78%	73%	★★	★
Kaiser Permanente	72%	86%	★★	★★★
M.D. IPA	NA	83%	NA	★★
OCI	NA	76%	NA	★★
UnitedHealthcare		NA		NA

* This data cannot be trended with previous year's results due to changes in measure specifications.

Table 35: Advising Smokers and Tobacco Users to Quit, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**74%**
Aetna PPO	NA
BluePreferred	NA
CGLIC	83%

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Medical Assistance With Smoking and Tobacco Use Cessation

Table 36: Discussing Smoking Cessation Medications, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2009	2011*	2009	2011
Maryland HMO/POS Average	**49%**	**52%**		
Aetna	NA	NA	NA	NA
BlueChoice	52%	51%	★★	★★
CIGNA	NA	51%	NA	★★
Coventry	52%	49%	★★	★★
Kaiser Permanente	44%	55%	★★	★★
M.D. IPA	NA	49%	NA	★★
OCI	NA	55%	NA	★★
UnitedHealthcare		NA		NA

* This data cannot be trended with previous year's results due to changes in measure specifications.

Table 37: Discussing Smoking Cessation Medications, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**48%**
Aetna PPO	NA
BluePreferred	NA
CGLIC	45%

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Medical Assistance With Smoking and Tobacco Use Cessation

Table 38: Discussing Smoking Cessation Strategies, HMO/POS Results				
	Comparison of Absolute Rates		*Comparison of Relative Rates*	
	2009	2011*	2009	2011
Maryland HMO/POS Average	**45%**	**39%**		
Aetna	NA	NA	NA	NA
BlueChoice	47%	36%	★★	★★
CIGNA	NA	43%	NA	★★
Coventry	46%	41%	★★	★★
Kaiser Permanente	44%	51%	★★	★★★
M.D. IPA	NA	33%	NA	★★
OCI	NA	31%	NA	★
UnitedHealthcare		NA		NA

* This data cannot be trended with previous year's results due to changes in measure specifications.

Table 39: Discussing Smoking Cessation Strategies, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**40%**
Aetna PPO	NA
BluePreferred	NA
CGLIC	36%

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Prenatal and Postpartum Care

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- *Timeliness of Prenatal Care*. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.
- *Postpartum Care*. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

In 2011, added a practitioner requirement to the *Postpartum Care* numerator for the Hybrid Specification; limiting visits with any practitioner type to qualify. This change aligns with the *Timeliness of Prenatal Care* practitioner requirement and does not affect trending.

Table 40: Timeliness of Prenatal Care, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**94%**	**94%**	**94%**	**0%**			
Aetna	99%	99%[r]	95%	🡻	★★★	★★★	★★
BlueChoice	84%	88%	91%	🡹	★	★	★
CIGNA	98%	98%[r]	99%	⇔	★★★	★★★	★★★
Coventry	91%	90%	88%	⇔	★	★	★
Kaiser Permanente	97%	97%[r]	95%	⇔	★★★	★★★	★★
M.D. IPA	94%	94%[r]	94%	⇔	★★	★★	★★
OCI	93%	93%[r]	93%	⇔	★★	★★	★★
UnitedHealthcare			95%				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Prenatal and Postpartum Care

Table 41: Postpartum Care, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**83%**	**81%**	**79%**	**-4%**			
Aetna	88%	88%[r]	77%	🡻	★★★	★★★	★★
BlueChoice	68%	73%	75%	🡹	★	★	★★
CIGNA	94%	94%[r]	95%	⇔	★★★	★★★	★★★
Coventry	NA	64%	66%	NA	NA	★	★
Kaiser Permanente	92%	92%[r]	88%	⇔	★★★	★★★	★★★
M.D. IPA	78%	78%[r]	76%	⇔	★	★★	★★
OCI	77%	77%[r]	75%	⇔	★	★★	★★
UnitedHealthcare			77%				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Use of Imaging Studies for Low Back Pain

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Table 42: Use of Imaging Studies for Low Back Pain, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**74%**	
Aetna	72%	★
BlueChoice	74%	★★
CIGNA	71%	★
Coventry	75%	★★
Kaiser Permanente	78%	★★★
M.D. IPA	77%	★★★
OCI	74%	★★
UnitedHealthcare	70%	★

Table 43: Use of Imaging Studies for Low Back Pain, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**73%**	**72%**	**73%**
Aetna	73%	70%	71%
BluePreferred	70%	72%	72%
CGLIC	70%	70%	71%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

The percentage of members 40 years of age and older with a new diagnosis of or newly active chronic obstructive pulmonary disease (COPD), who received appropriate spirometry testing to confirm the diagnosis.

In 2011, added codes specific to qualifying Evaluation & Management visits for the diagnosis of COPD; excluding ancillary providers from billing for COPD diagnoses. This change does not affect measure trending.

Table 44: Use of Spirometry Testing in the Assessment and Diagnosis of COPD, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**38%**	**38%**	**40%**	**2%**			
Aetna	39%	37%	44%	↑	★★	★★	★★
BlueChoice	36%	36%	36%	⇔	★★	★★	★
CIGNA	39%	39%	45%	⇔	★★	★★	★★
Coventry	35%	36%	32%	⇔	★★	★★	★
Kaiser Permanente	42%	42%	41%	⇔	★★★	★★★	★★
M.D. IPA	38%	39%	43%	↑	★★	★★	★★
OCI	35%	35%	43%	↑	★★	★★	★★
UnitedHealthcare			38%				★★

Table 45: Use of Spirometry Testing in the Assessment and Diagnosis of COPD, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**38%**	**38%**	**43%**
Aetna PPO	37%	42%	43%
BluePreferred	40%	38%	44%
CGLIC	39%	38%	48%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

DOMAIN 2: TREATMENT AND MANAGEMENT OF CARE

The effects of chronic illness can lead to poor quality of life, disability, and reduced ability to perform daily activities. Appropriate treatment and management of disease are important as receiving timely care can help improve outcomes by keeping diseases and their related side effects under control. The measures in this domain are designed to illustrate a health benefit plan's delivery of clinical services in accordance with established and widely accepted guidelines. Results include comparative data for HMO/POS as well as PPO health benefit plans on selected measures. The selected measures for Treatment and Management of Care are grouped into categories and presented in the following order:

- **Respiratory Conditions Measures**
  - **Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†**
  - **Appropriate Treatment for Children With Upper Respiratory Infection†**
  - **Pharmacotherapy Management of COPD Exacerbation**
  - **Use of Appropriate Medications for People With Asthma†**
- **Medication Management Measure**
  - **Annual Monitoring for Patients on Persistent Medications**
- **Diabetes Measure**
  - **Comprehensive Diabetes Care†**
- **Cardiovascular Conditions Measures**
  - **Cholesterol Management for Patients With Cardiovascular Conditions†**
  - **Controlling High Blood Pressure†**
  - **Persistence of Beta-Blocker Treatment After a Heart Attack†**
- **Musculoskeletal Condition Measure**
  - **Disease Modifying Anti-Rheumatic Drug Therapy**
- **Behavioral Health Measures**
  - **Antidepressant Medication Management†**
  - **Follow-Up After Hospitalization for Mental Illness†**
  - **Follow-Up Care for Children Prescribed ADHD Medication†**
  - **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

†Results include comparative data for PPO plans.

Maryland HMO/POS Health Benefit Plans

- Figure 9 depicts health benefit plans' performance on measures in the Treatment and Management of Care Domain. Two health benefit plans performed significantly better than the Maryland HMO/POS average on 12 or more measures while the other 6 health benefit plans performed significantly better on 1 to 7 measures. All but 2 health benefit plans performed equivalent to the Maryland HMO/POS average on 11 to 22 measures. Two health benefit plans performed significantly worse on 10 or more measures.
- For 10 out of 27 measures in this domain, the Maryland HMO/POS plan average increased between 1 percentage point and 7 percentage points. The Maryland HMO/POS plan average decreased between 1 percentage point and 5 percentage points for 11 measures. The Maryland HMO/POS plan average did not change for 6 measures.
- The Maryland HMO/POS plan average for 20 measures was above 50 percent with 8 at or above 80 percent. The Maryland HMO/POS plan average for 7 measures was below 50 percent and the Maryland HMO/POS plan average decreased for 6 of these measures.
- The Maryland HMO/POS plan average was highest for the *Use of Appropriate Medications for Asthma* measure at 94 percent. All HMO/POS plan rates were above 90 percent (Table 52).
- The Maryland HMO/POS plan average increased by 7 percentage points to 68 percent for the *Pharmacotherapy Management of COPD Exacerbation - Systematic Corticosteroid* measure (Table 50). In addition, there was wide variation amongst HMO/POS plans' rates of 27 percentage points (52 percent – 79 percent).
- While the Maryland HMO/POS plan average for the *Cholesterol Management for Patients with Cardiovascular Conditions - LDL Screening* measure is 87 percent, there was wide variation amongst plans of 25 percentage points (71 percent – 96 percent) (Table 69). For the *Cholesterol Management for Patients with Cardiovascular Conditions - LDL-C Control <100 mg/dL* measure, the Maryland HMO/POS plan average decreased by 5 percentage points to 57 percent (Table 71). There was also wide variation amongst plans of 27 percentage points (43 percent - 70 percent).
- For the *Engagement of Alcohol and Other Drug Dependence Treatment* measure, the Maryland HMO/POS plan average decreased by 2 percentage points to 15 percent, the lowest of all measures in this domain (Table 90).
- The measure with the widest variation amongst Maryland HMO/POS plans was *Controlling High Blood Pressure*. Maryland HMO/POS plans' rates ranged from 46 percent to 84 percent (38 percentage points) (Table 72).
- For the *Comprehensive Diabetes Care - HbA1c Control >9%* measure, the Maryland HMO/POS plan average increased by 4 percentage points to 30 percent (Table 59). For this indicator, a lower rate is better, meaning is a person's HbA1c is >9%., their HbA1c is not in control.
- The Maryland HMO/POS plans' rates ranged from 31 percent to 51 percent, with the exception of 1 plan at 86 percent for the *Continuation and Maintenance Phase of Follow-Up Care for Children Prescribed ADHD Medication* measure (Table 87). The Maryland HMO/POS plan average decreased by four percentage points.

Maryland PPO Health Benefit Plans

- Maryland PPO plans' rates increased by 4 or more percentage points for both indicators of the *Antidepressant Medication Management* measure from 2009 to 2011 (Tables 78 and 80).
- For 3 indicators in the *Comprehensive Diabetes Care* measure, all the Maryland PPO plans' rates increased by 7 or more percentage points from 2009 to 2011 (Tables 58, 63, and 66).
- For the *Use of Appropriate Medications for People with Asthma* measure, all Maryland PPO plans' rates were above 93 percent (Table 53).
- All the Maryland PPO plans' rates were above the regional average of 86 percent for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure (87 percent, 88 percent and 92 percent) (Table 49).
- Two Maryland PPO plans' rates were below the regional average (59 percent) for the *Controlling High Blood Pressure* measure (Table 73). The other plan's rate was NA.
- The lowest regional average was for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* measure at 22 percent (Table 47). Two Maryland PPO plans' rates were the same as the regional average and one PPO plan's rate was 6 percentage points above the regional average.

Figure 9: 2011 Maryland HMO/POS Plan[1] Summary of Performance Ratings[2] for Treatment and Management Care

	Above-Average Performance ★★★	Average Performance ★★	Below-Average Performance ★
Aetna	4	18	5
BlueChoice	7	6	14
CIGNA	12	12	1
Coventry	6	11	10
Kaiser Permanente	15	5	7
M.D. IPA	1	22	4
OCI	2	19	6
UnitedHealthcare	2	19	6

[1] A state average cannot be calculated for PPO plans because participation is voluntary and too few health benefit plans elected to participate in 2011. A summary of performance for PPO plans in Maryland is not included.

[2] For the *Use of Appropriate Medications for People With Asthma*, the summary of ratings table above only includes the combined rate indicator; age-band indicators for this measure are omitted in the summary table but included in this report.

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment (no antibiotic prescribed).

Table 46: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**22%**	**23%**	**21%**	**-1%**			
Aetna	24%	24%	23%	⇔	★★★	★★	★★★
BlueChoice	24%	38%	27%	🡅	★★★	★★★	★★★
CIGNA	21%	18%	17%	🡇	★★	★	★
Coventry	24%	23%	20%	🡇	★★★	★★	★★
Kaiser Permanente	18%	18%	27%	🡅	★	★	★★★
M.D. IPA	20%	20%	17%	↓	★★	★	★
OCI	19%	21%	17%	⇔	★	★	★
UnitedHealthcare			17%				★

Table 47: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**29%**	**23%**	**22%**
Aetna PPO	34%	25%	22%
BluePreferred	25%	33%	28%
CGLIC	22%	22%	22%

Legend

Change 2009-2011

- 🡅 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡇 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Appropriate Treatment for Children With Upper Respiratory Infection

The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription (i.e., appropriate treatment because antibiotics were not prescribed).

Table 48: Appropriate Treatment for Children With Upper Respiratory Infection, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**86%**	**86%**	**88%**	**2%**			
Aetna	88%	87%	89%	⇔	★★★	★★	★★★
BlueChoice	81%	85%	90%	↑	★	★	★★★
CIGNA	87%	85%	86%	⇔	★★	★★	★★
Coventry	83%	81%	82%	⇔	★	★	★
Kaiser Permanente	94%	95%	95%	⇔	★★★	★★★	★★★
M.D. IPA	85%	86%	86%	⇔	★★	★★	★
OCI	84%	85%	86%	⇔	★	★	★★
UnitedHealthcare			85%				★

Table 49: Appropriate Treatment for Children With Upper Respiratory Infection, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**86%**	**84%**	**86%**
Aetna PPO	87%	87%	88%
BluePreferred	83%	85%	92%
CGLIC	87%	87%	87%

Legend

Change 200-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Pharmacotherapy Management of COPD Exacerbation

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) encounter between January 1 and November 30 of the measurement year and were dispensed appropriate medications. The following two rates are reported:

1. Dispensed a systemic corticosteroid, a COPD/Asthma controller medication, within 14 days of the event.
2. Dispensed a bronchodilator, a COPD/Asthma reliever medication, within 30 days of the event.

Table 50: Systemic Corticosteroid, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**61%**	**62%**	**68%**	**7%**			
Aetna	59%	60%	66%	⇔	★★	★★	★★
BlueChoice	46%	46%	52%	⇔	★	★	★
CIGNA	65%	73%	NA	NA	★★	★★	NA
Coventry	61%	66%	79%	⇑	★★	★★	★★★
Kaiser Permanente	67%	66%	64%	⇔	★★	★★	★★
M.D. IPA	63%	69%	74%	⇔	★★	★★	★★
OCI	65%	51%	71%	⇔	★★	★★	★★
UnitedHealthcare			68%				★★

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Change 2009-2011

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Pharmacotherapy Management of COPD Exacerbation

Table 51: Bronchodilator, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**72%**	**72%**	**76%**	**4%**			
Aetna	76%	77%	84%	⇔	★★	★★	★★★
BlueChoice	54%	49%	62%	⇔	★	★	★
CIGNA	68%	97%	NA	NA	★★	★★★	NA
Coventry	65%	75%	85%	⇑	★★	★★	★★★
Kaiser Permanente	80%	81%	85%	⇔	★★★	★★★	★★★
M.D. IPA	78%	69%	75%	⇔	★★	★★	★★
OCI	83%	60%	66%	⇓	★★★	★	★★
UnitedHealthcare			79%				★★

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Change 2009-2011

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Use of Appropriate Medications for People With Asthma

The percentage of members 5–50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year.

Table 52: Use of Appropriate Medications for People With Asthma, 2011 HMO/POS Results				
	Ages 5–11		Ages 12–50	
Maryland HMO/POS Average	**96%**		**93%**	
Aetna	95%	★★	94%	★★
BlueChoice	93%	★	91%	★
CIGNA	98%	★★	94%	★★
Coventry	99%	★★★	92%	★★
Kaiser Permanente	95%	★★	90%	★
M.D. IPA	96%	★★	93%	★★
OCI	97%	★★	94%	★★
UnitedHealthcare	97%	★★	94%	★★

Table 53: Use of Appropriate Medications for People With Asthma, 2011 PPO Results		
	Ages 5-11	Ages 12-50
Regional PPO Average	**97%**	**93%**
Aetna PPO	97%	93%
BluePreferred	95%	93%
CGLIC	96%	95%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Use of Appropriate Medications for People With Asthma

Table 54: Combined Age Groups, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**93%**	**94%**	**94%**	**1%**			
Aetna	94%	94%	94%	⇔	★★	★★	★★
BlueChoice	92%	99%	92%	⇔	★	★★★	★
CIGNA	95%	95%	95%	⇔	★★★	★★	★★
Coventry	93%	93%	93%	⇔	★★	★★	★★
Kaiser Permanente	93%	92%	92%	↓	★★	★	★
M.D. IPA	94%	94%	94%	⇔	★★	★★	★★
OCI	94%	94%	95%	⇔	★★	★★	★★
UnitedHealthcare			95%				★★★

Table 55: Combined Age Groups, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**94%**	**94%**	**94%**
Aetna PPO	95%	93%	94%
BluePreferred	96%	100%	93%
CGLIC	94%	94%	95%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Annual Monitoring for Patients on Persistent Medications

The percentage of members 18 years of age and older who received at least a 180-day supply of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. The following drugs are reported as a combined total rate in the table below:

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for members on digoxin
- Annual monitoring for members on diuretics
- Annual monitoring for members on anticonvulsants

Table 56: Total Rate, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**76%**	**79%**	**80%**	**4%**			
Aetna	66%	77%	78%	↑	★	★	★
BlueChoice	76%	71%	74%	↓	★★	★	★
CIGNA	80%	84%	86%	↑	★★★	★★★	★★★
Coventry	74%	75%	76%	↑	★	★	★
Kaiser Permanente	75%	84%	79%	↑	★	★★★	★
M.D. IPA	80%	81%	81%	⇔	★★★	★★★	★★★
OCI	80%	81%	81%	↑	★★★	★★★	★★★
UnitedHealthcare			81%				★★★

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: hemoglobin A1c (HbA1c) testing, HbA1c poor control (>9%), HbA1c control (<8%); LDL-C screening, LDL-C control (<100mg/dL); eye exam (retinal) performed; medical attention for nephropathy; and blood pressure control (<140/90 mm Hg).

For HEDIS 2011, the Comprehensive Diabetes Care Blood Pressure Control indicator <130/80 changed to <140/80. Blood Pressure Control <130/80 has been retired. Blood Pressure Control <140/80 is not eligible for public reporting until HEDIS 2012.

Comprehensive Diabetes Care

Table 57: Blood Glucose (HbA1c) Testing, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**87%**	**88%**	**88%**	**1%**			
Aetna	87%	86%	86%[r]	⇔	★★	★★	★★
BlueChoice	87%	87%	87%[r]	⇔	★★	★★	★★
CIGNA	94%	96%	96%[r]	⇔	★★★	★★★	★★★
Coventry	86%	82%	82%[r]	⇔	★★	★	★
Kaiser Permanente	89%	93%	91%	⇔	★★	★★★	★★★
M.D. IPA	85%	85%	85%[r]	⇔	★★	★	★★
OCI	83%	88%	88%[r]	⇔	★	★★	★★
UnitedHealthcare			87%[r]				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Table 58: Blood Glucose (HbA1c) Testing, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**77%**	**81%**	**84%**
Aetna PPO	77%	85%	85%[r]
BluePreferred	45%	53%	83%
CGLIC	78%	78%	90%

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 59: Blood Glucose (HbA1c) Poor Control (>9.0%), HMO/POS Results*							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**26%**	**30%**	**30%**	**4%**			
Aetna	28%	32%	32%[r]	⇔	★★	★★	★★
BlueChoice	21%	39%	39%[r]	↑	★★★	★	★
CIGNA	20%	18%	18%[r]	⇔	★★★	★★★	★★★
Coventry	31%	33%	33%[r]	⇔	★	★★	★★
Kaiser Permanente	27%	25%	21%	↓	★★	★★★	★★★
M.D. IPA	27%	32%	32%[r]	⇔	★★	★★	★★
OCI	30%	31%	31%[r]	⇔	★★	★★	★★
UnitedHealthcare			33%[r]				★★

* A lower rate indicates better performance for this indicator.

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 60: Blood Glucose (HbA1c) Good Control (<8.0%), HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**65%**	**64%**	**64%**	**-1%**			
Aetna	63%	60%	60%[r]	⇔	★★	★	★
BlueChoice	71%	78%	78%[r]	↑	★★★	★★★	★★★
CIGNA	71%	71%	71%[r]	⇔	★★★	★★★	★★★
Coventry	60%	61%	61%[r]	⇔	★	★★	★★
Kaiser Permanente	60%	61%	65%	⇔	★	★★	★★
M.D. IPA	65%	60%	60%[r]	⇔	★★	★	★
OCI	64%	60%	60%[r]	⇔	★★	★	★
UnitedHealthcare			58%[r]	⇔			★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 61: Cholesterol (LDL-C) Control (<100 mg/dL), HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**51%**	**46%**	**47%**	**-4%**			
Aetna	53%	50%	50%[r]	⇔	★★	★★	★★
BlueChoice	75%	37%	37%[r]	🡻	★★★	★	★
CIGNA	47%	55%	55%[r]	🡹	★	★★★	★★★
Coventry	49%	43%	43%[r]	⇔	★★	★★	★★
Kaiser Permanente	45%	51%	59%	🡹	★	★★★	★★★
M.D. IPA	45%	44%	44%[r]	⇔	★	★★	★★
OCI	47%	43%	43%[r]	⇔	★	★★	★
UnitedHealthcare			45%[r]				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 62: Cholesterol (LDL-C) Screening, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**85%**	**85%**	**85%**	**0%**			
Aetna	86%	84%	84%[r]	⇔	★★	★★	★★
BlueChoice	84%	82%	82%[r]	⇔	★★	★★	★★
CIGNA	90%	92%	92%[r]	⇔	★★★	★★★	★★★
Coventry	82%	79%	79%[r]	⇔	★	★	★
Kaiser Permanente	87%	90%	91%	⇔	★★	★★★	★★★
M.D. IPA	83%	85%	85%[r]	⇔	★★	★★	★★
OCI	84%	83%	83%[r]	⇔	★★	★★	★★
UnitedHealthcare			84%[r]				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Table 63: Cholesterol (LDL-C) Screening, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**75%**	**78%**	**82%**
Aetna PPO	75%	75%	82%
BluePreferred	42%	41%	79%
CGLIC	75%	77%	88%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 64: Eye Exams, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**56%**	**55%**	**55%**	**-1%**			
Aetna	58%	61%	64%	⇔	★★	★★★	★★★
BlueChoice	44%	41%	42%	⇔	★	★	★
CIGNA	58%	60%	61%	⇔	★★	★★★	★★★
Coventry	48%	50%	50%[r]	⇔	★	★	★
Kaiser Permanente	68%	67%	71%	⇔	★★★	★★★	★★★
M.D. IPA	63%	56%	56%[r]	⇓	★★★	★★	★★
OCI	55%	47%	47%[r]	⇓	★★	★	★
UnitedHealthcare			49%[r]				★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 65: Medical Attention for Diabetic Nephropathy, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**83%**	**83%**	**83%**	**0%**			
Aetna	86%	81%	86%	⇔	★★	★★	★★
BlueChoice	77%	78%	78%[r]	⇔	★	★	★
CIGNA	83%	86%	86%[r]	⇔	★★	★★	★★
Coventry	79%	80%	80%[r]	⇔	★	★★	★
Kaiser Permanente	93%	94%	96%	↑	★★★	★★★	★★★
M.D. IPA	82%	82%	82%[r]	⇔	★★	★★	★★
OCI	81%	79%	79%[r]	⇔	★★	★	★
UnitedHealthcare			81%[r]				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Table 66: Medical Attention for Diabetic Nephropathy, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**63%**	**68%**	**74%**
Aetna PPO	58%	74%	78%
BluePreferred	32%	42%	74%
CGLIC	73%	74%	86%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 67: Blood Pressure Control (<140/90 mm Hg), HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**64%**	**59%**	**59%**	**-5%**			
Aetna	60%	51%	51%[r]	🡻	★	★	★
BlueChoice	65%	43%	49%	🡻	★★	★	★
CIGNA	76%	77%	77%[r]	⇔	★★★	★★★	★★★
Coventry	62%	64%	52%	🡻	★★	★★★	★
Kaiser Permanente	65%	66%	72%	🡹	★★	★★★	★★★
M.D. IPA	56%	57%	57%[r]	⇔	★	★★	★★
OCI	63%	55%	55%[r]	🡻	★★	★	★
UnitedHealthcare			56%[r]				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Comprehensive Diabetes Care

Table 68: Comprehensive Diabetes Care, 2011 HMO/POS Results																		
	Blood Glucose (HbA1c) Testing		Blood Glucose (HbA1c) Poor Control (>9.0%)		Blood Glucose (HbA1c) Good Control (<8.0%)		Cholesterol Screening		Cholesterol Control (<100 mg/dL)		Eye Exams		Medical Attention for Diabetic Nephropathy		Blood Pressure Control (<140/90 mm Hg)	
Maryland HMO/ POS Average	**88%**		**30%**		**64%**		**85%**		**47%**		**55%**		**83%**		**59%**	
Aetna	86%[r]	★★	32%[r]	★★	60%[r]	★	84%[r]	★★	50%[r]	★★	64%	★★★	86%	★★	51%[r]	★
BlueChoice	87%[r]	★★	39%[r]	★	78%[r]	★★★	82%[r]	★★	37%[r]	★	42%	★	78%[r]	★	49%	★
CIGNA	96%[r]	★★★	18%[r]	★★★	71%[r]	★★★	92%[r]	★★★	55%[r]	★★★	61%	★★★	86%[r]	★★	77%[r]	★★★
Coventry	82%[r]	★	33%[r]	★★	61%[r]	★★	79%[r]	★	43%[r]	★★	50%[r]	★	80%[r]	★	52%	★
Kaiser Permanente	91%	★★★	21%	★★★	65%	★★	91%	★★★	59%	★★★	71%	★★★	96%	★★★	72%	★★★
M.D. IPA	85%[r]	★★	32%[r]	★★	60%[r]	★	85%[r]	★★	44%[r]	★★	56%[r]	★★	82%[r]	★★	57%[r]	★★
OCI	88%[r]	★★	31%[r]	★★	60%[r]	★	83%[r]	★★	43%[r]	★	47%[r]	★	79%[r]	★	55%[r]	★
UnitedHealthcare	87%[r]	★★	33%[r]	★★	58%[r]	★	84%[r]	★★	45%[r]	★★	49%[r]	★	81%[r]	★★	56%[r]	★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Cholesterol Management for Patients With Cardiovascular Conditions

The percentage of members 18–75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, *or* who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, and had LDL-C screening ***and*** LDL-C control (<100 mg/dL) during the measurement year.

Table 69: Cholesterol (LDL-C) Screening, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**87%**	**85%**	**87%**	**0%**			
Aetna	86%	85%	87%	⇔	★★	★★	★★
BlueChoice	86%	85%	85%[r]	⇔	★★	★★	★★
CIGNA	92%	96%	96%[r]	🡅	★★★	★★★	★★★
Coventry	82%	68%[a]	71%[a]	🡇	★	★	★
Kaiser Permanente	90%	89%[a]	94%	🡅	★★★	★★★	★★★
M.D. IPA	85%	84%	84%[r]	⇔	★★	★★	★★
OCI	87%	88%	88%[r]	⇔	★★	★★★	★★
UnitedHealthcare			85%[r]				★★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Table 70: Cholesterol (LDL-C) Screening, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**74%**	**80%**	**81%**
Aetna PPO	74%	84%	85%
BluePreferred	34%	86%	86%[r]
CGLIC	76%	75%	85%

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- 🡅 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡇 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Cholesterol Management for Patients With Cardiovascular Conditions

Table 71: Cholesterol (LDL-C) Control (<100 mg/dL), HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**62%**	**56%**	**57%**	**-5%**			
Aetna	62%	58%	58%	⇔	★★	★★	★★
BlueChoice	67%	52%	52%[r]	🡻	★★★	★★	★
CIGNA	68%	69%	69%[r]	⇔	★★★	★★★	★★★
Coventry	56%	38%[a]	43%[a]	🡻	★	★	★
Kaiser Permanente	66%	62%[a]	70%	⇔	★★	★★★	★★★
M.D. IPA	58%	58%	58%[r]	⇔	★	★★	★★
OCI	57%	55%	55%[r]	⇔	★	★★	★★
UnitedHealthcare			50%[r]				★

[a] The health benefit plan used the Administrative Method to calculate the rate. Refer to page 6 for information on the Administrative and Hybrid Methods of data collection.

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Controlling High Blood Pressure

The percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. The Hybrid Method is required for this measure.

Table 72: Controlling High Blood Pressure, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**62%**	**62%**	**62%**	**0%**			
Aetna	57%	57%[r]	66%	↑	★	★	★★
BlueChoice	70%	70%[r]	46%	↓	★★★	★★★	★
CIGNA	76%	76%[r]	84%	↑	★★★	★★★	★★★
Coventry	54%	46%	48%	↓	★	★	★
Kaiser Permanente	61%	65%	71%	↑	★	★★	★★★
M.D. IPA	58%	58%[r]	56%	⇔	★	★★	★
OCI	60%	60%[r]	65%	⇔	★	★★	★★
UnitedHealthcare			59%				★★

[r] The health benefit plan elected to use measure rotation and resubmit the previous year's data. Refer to page 8 for information about measure rotation.

Table 73: Controlling High Blood Pressure, PPO Results

	Comparison of Absolute Rates
	2011
Regional PPO Average	**59%**
Aetna PPO	54%
BluePreferred	46%
CGLIC	NA

NA The plan followed the specifications but the denominator was too small to report a statistically significant rate. See page 10 for more information.

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Persistence of Beta-Blocker Treatment After a Heart Attack

The percentage of members 18 years of age and older during the measurement year who were hospitalized with a diagnosis of acute myocardial infarction (AMI) and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year, and who received persistent beta-blocker treatment for six months after discharge.

Table 74: Persistence of Beta-Blocker Treatment After a Heart Attack, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**77%**	**79%**	**76%**	**-1%**			
Aetna	74%	79%	72%	⇔	★★	★★	★★
BlueChoice	68%	85%	80%	↑	★	★★★	★★
CIGNA	84%	81%	68%	⇔	★★	★★	★★
Coventry	76%	77%	85%	⇔	★★	★★	★★★
Kaiser Permanente	81%	81%	77%	⇔	★★	★★	★★
M.D. IPA	78%	74%	74%	⇔	★★	★★	★★
OCI	76%	74%	88%	⇔	★★	★★	★★★
UnitedHealthcare			65%				★

Table 75: Persistence of Beta-Blocker Treatment After a Heart Attack, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**69%**	**72%**	**73%**
Aetna PPO	58%	70%	71%
BluePreferred	76%	87%	79%
CGLIC	80%	79%	71%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

The percentage of members who were diagnosed with rheumatoid arthritis and were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

Table 76: Disease Modifying Anti-Rheumatic Therapy in Rheumatoid Arthritis, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**84%**	**81%**	**86%**	**2%**			
Aetna	81%	86%	83%	⇔	★★	★★★	★★
BlueChoice	79%	71%	73%	🡻	★	★	★
CIGNA	92%	86%	91%	⇔	★★★	★★	★★★
Coventry	78%	80%	93%	🡹	★	★★	★★★
Kaiser Permanente	85%	84%	89%	🡹	★★	★★★	★★★
M.D. IPA	85%	86%	84%	⇔	★★	★★★	★★
OCI	88%	75%	87%	⇔	★★★	★	★★
UnitedHealthcare			87%				★★

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Antidepressant Medication Management

The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant medication treatment. The following two rates are reported:

1. *Effective Acute Phase Treatment*. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).

2. *Effective Continuation Phase Treatment*. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Table 77: Effective Acute Phase Treatment, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**66%**	**67%**	**66%**	**0%**			
Aetna	64%	68%	64%	⇔	★★	★★	★★
BlueChoice	70%	67%	72%	⇔	★★★	★★	★★★
CIGNA	66%	69%	68%	⇔	★★	★★	★★
Coventry	69%	70%	73%	⇔	★★	★★	★★★
Kaiser Permanente	66%	67%	63%	↓	★★	★★	★
M.D. IPA	64%	65%	64%	⇔	★★	★★	★★
OCI	63%	61%	62%	⇔	★★	★	★★
UnitedHealthcare			64%				★★

Table 78: Effective Acute Phase Treatment, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**64%**	**66%**	**67%**
Aetna PPO	62%	68%	66%
BluePreferred	64%	74%	79%
CGLIC	65%	66%	69%

Legend

Change 2009-2011

↑ Plan rate increased significantly from 2009 to 2011.
⇔ Plan rate did not change significantly from 2009 to 2011.
↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Antidepressant Medication Management

Table 79: Effective Continuation Phase Treatment, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**48%**	**49%**	**51%**	**3%**			
Aetna	46%	51%	45%	⇔	★★	★★	★
BlueChoice	52%	49%	56%	🡅	★★★	★★	★★★
CIGNA	47%	53%	54%	⇔	★★	★★	★★
Coventry	51%	54%	59%	🡅	★★	★★★	★★★
Kaiser Permanente	49%	42%	43%	🡇	★★	★	★
M.D. IPA	45%	48%	51%	🡅	★	★★	★★
OCI	46%	45%	47%	⇔	★★	★	★★
UnitedHealthcare			48%				★★

Table 80: Effective Continuation Phase Treatment, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**46%**	**50%**	**52%**
Aetna PPO	48%	51%	53%
BluePreferred	47%	57%	62%
CGLIC	48%	50%	55%

Legend

Change 2009-2011

- 🡅 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡇 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Follow-Up After Hospitalization for Mental Illness

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a mental health practitioner. The following two rates are reported:

1. The percentage of members who received follow-up within 7 days of discharge.
2. The percentage of members who received follow-up within 30 days of discharge.

Table 81: Follow-up within 7 Days, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**57%**	**54%**	**58%**	**1%**			
Aetna	51%	54%	53%	⇔	★	★★	★
BlueChoice	59%	60%	60%	⇔	★★	★★★	★★
CIGNA	54%	51%	56%	⇔	★★	★★	★★
Coventry	48%	45%	52%	⇔	★	★	★★
Kaiser Permanente	65%	63%	58%	↓	★★★	★★★	★★
M.D. IPA	60%	52%	58%	⇔	★★	★★	★★
OCI	64%	54%	62%	⇔	★★★	★★	★★
UnitedHealthcare			61%				★★

Table 82: Follow-up within 7 Days, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**53%**	**56%**	**55%**
Aetna PPO	53%	58%	55%
BluePreferred	47%	43%	47%
CGLIC	51%	47%	42%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Follow-Up After Hospitalization for Mental Illness

Table 83: Follow-up within 30 Days, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**76%**	**73%**	**76%**	**0%**			
Aetna	71%	71%	75%	⇔	★	★★	★★
BlueChoice	78%	78%	78%	⇔	★★	★★★	★★
CIGNA	72%	68%	74%	⇔	★★	★★	★★
Coventry	67%	74%	75%	⇔	★	★★	★★
Kaiser Permanente	80%	80%	76%	⇔	★★★	★★★	★★
M.D. IPA	79%	73%	75%	⇔	★★	★★	★★
OCI	85%	68%	76%	🡻	★★★	★	★★
UnitedHealthcare			76%				★★

Table 84: Follow-up within 30 Days, PPO Results			
	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**73%**	**72%**	**74%**
Aetna PPO	71%	75%	73%
BluePreferred	64%	56%	63%
CGLIC	73%	71%	70%

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Follow-Up Care for Children Prescribed ADHD Medication

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

1. *Initiation Phase*. The percentage of members 6–12 years of age as of the Index Prescription Episode Start Date, with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

2. *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age as of the Index Prescription Episode Start Date, with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days, and who had, in addition to the visit in the Initiation Phase, at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Follow-Up Care for Children Prescribed ADHD Medication

Table 85: Initiation Phase, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**36%**	**35%**	**37%**	**1%**			
Aetna	37%	36%	36%	⇔	★★	★★	★★
BlueChoice	28%	31%	30%	⇔	★	★	★
CIGNA	38%	40%	43%	⇔	★★	★★★	★★
Coventry	39%	36%	33%	⇔	★★	★★	★★
Kaiser Permanente	29%	31%	32%	⇔	★	★	★
M.D. IPA	45%	39%	41%	⇔	★★★	★★	★★
OCI	38%	31%	38%	⇔	★★	★★	★★
UnitedHealthcare			41%				★★

Table 86: Initiation Phase, PPO Results		
	Comparison of Absolute Rates	
	2010	2011
Regional PPO Average	**35%**	**42%**
Aetna PPO	36%	36%
BluePreferred	29%	24%
CGLIC	36%	43%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Follow-Up Care for Children Prescribed ADHD Medication

Table 87: Continuation and Maintenance Phase, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**50%**	**48%**	**46%**	**-4%**			
Aetna	39%	39%	45%	⇔	★	★★	★★
BlueChoice	83%	86%	86%	⇔	★★★	★★★	★★★
CIGNA	49%	42%	51%	⇔	★★	★★	★★
Coventry	32%	36%	36%	⇔	★	★★	★★
Kaiser Permanente	43%	34%	31%	🡻	★★	★	★
M.D. IPA	56%	50%	49%	⇔	★★	★★	★★
OCI	45%	47%	32%	⇔	★★	★★	★★
UnitedHealthcare			41%				★★

Table 88: Continuation and Maintenance Phase, PPO Results		
	Comparison of Absolute Rates	
	2010	2011
Regional PPO Average	**41%**	**49%**
Aetna PPO	34%	48%
BluePreferred	73%	89%
CGLIC	41%	44%

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:

1. *Initiation of AOD Treatment.* The percentage of members who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.

2. *Engagement of AOD Treatment.* The percentage of members with an AOD diagnosis, who initiated treatment and had two or more additional services within 30 days of the initiation visit.

Table 89: Initiation of AOD Treatment, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**44%**	**40%**	**40%**	**-4%**			
Aetna	42%	45%	40%	⇔	★★	★★★	★★
BlueChoice	33%	31%	32%	⇔	★	★	★
CIGNA	41%	41%	42%	⇔	★★	★★	★★
Coventry	43%	40%	40%	⇔	★★	★★	★★
Kaiser Permanente	70%	42%	43%	↓	★★★	★★	★★★
M.D. IPA	44%	42%	42%	⇔	★★	★★	★★
OCI	35%	41%	43%	↑	★	★★	★★
UnitedHealthcare			41%				★★

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Table 90: Engagement of AOD Treatment, HMO/POS Results							
	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**17%**	**15%**	**15%**	**-2%**			
Aetna	16%	17%	15%	⇔	★★	★★★	★★
BlueChoice	21%	16%	19%	🡻	★★★	★★	★★★
CIGNA	18%	15%	14%	⇔	★★	★★	★★
Coventry	15%	14%	15%	⇔	★★	★★	★★
Kaiser Permanente	17%	13%	12%	🡻	★★	★	★
M.D. IPA	14%	12%	15%	⇔	★	★	★★
OCI	17%	16%	16%	⇔	★★	★★	★★
UnitedHealthcare			17%				★★

Legend

Change 2009-2011

- 🡹 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡻 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

DOMAIN 3: SATISFACTION WITH THE EXPERIENCE OF CARE

This section contains results for CAHPS measures that MHCC required Maryland commercial HMO/POS plans to report and which PPO plans voluntarily reported. Member satisfaction data can be a valuable decision-making tool for prospective members. CAHPS surveys provide an opportunity to assess how well current members feel their health benefit plan meets their needs. The CAHPS measures in this domain evaluate a sample population of members' experience with their health benefit plans, customer service, doctors, and decision making. The sample population consists solely of adult Maryland residents. The selected measures for Treatment and Management of Care are grouped into categories and presented in the following order:

- **Coordination of Care†**
- **Getting Care Quickly†**
- **Getting Needed Care†**
- **Health Plan Customer Service†**
- **Health Promotion and Education†**
- **How Well Doctors Communicate†**
- **Rating of All Health Care†**
- **Rating of Health Plan†**
- **Shared Decision Making†**

†Results include comparative data for PPO plans.

HMO/POS Plans

- Figure 10 depicts Maryland HMO/POS plans' performance on measures in the Satisfaction With the Experience of Care Domain. Overall, Maryland HMO/POS plans demonstrated average performance on the measures in this domain. One health benefit plan performed significantly better on 7 of nine measures while 2 health benefit plans had only 1 measure and five health benefit plans had no measures with significantly better performance. One health benefit plan performed significantly worse on 5 measures.
- For 4 of the 9 measures in this domain, the Maryland HMO/POS plan average was above 50 percent. The Maryland HMO/POS plan average was below 50 percent for the remaining measures.
- For 4 of 9 measures in the domain, the Maryland HMO/POS plan average increased by 1 percentage point. For 2 measures, the Maryland HMO/POS plan average increased by 3 percentage points. The Maryland HMO/POS plan average decreased by 1 percentage point for 2 measures and by 2 percentage points for one measure.
- Maryland HMO/POS plan performance was highest in this domain for *How Well Doctors Communicate*. Health benefit plan averages ranged from 67 percent to 72 percent. The Maryland HMO/POS average increased by 3 percentage points to 70 percent from 2009 to 2011 (Table 101).
- *Health Promotion and Education* had the lowest Maryland HMO/POS plans' rate of 28 percent, however the average increased by 1 percentage point from 2009 to 2011. The HMO/POS plans' averages ranged from 22 percent to 35 percent (Table 99).
- Maryland HMO/POS plans' rates for *Coordination of Care* had the widest variation of 21 percentage points (36 percent – 57 percent) (Table 91).

PPO Plans

- Maryland PPO plans scored highest on *How Well Doctors Communicate*. PPO plans scored 67 percent, 68 percent, and 70 percent. However, all Maryland PPO plan rates were below the regional average (Table 102).
- Maryland PPO plans' performance was lowest on *Health Promotion and Education*. Two health benefit plans scored 27 percent and one at 28 percent. The regional average was 30 percent (Table 100).
- All Maryland PPOs plans' rates increased for the *Getting Needed Care* (Table 96) and *Rating of Health Plan* (Table 106) measures.
- For the *Coordination of Care* measure, one PPO plan's rate increased by 10 percentage points and another by 6 percentage points. The third PPO plan's rate decreased by 1 percentage point (Table 92).
- For the *Health Plan Customer Service* measure, two Maryland PPOs rates decreased. One PPO plan's rate decreased by 8 percentage points and the other PPO plan's rate decreased by 6 percentage points. The third PPO plan's rate increased by 3 percentage points (Table 98).

Figure 10: 2011 Maryland HMO/POS Plan[1] Summary of Performance Ratings for Satisfaction With the Experience of Care			
	Above-Average Performance ★★★	Average Performance ★★	Below-Average Performance ★
Aetna	0	9	0
BlueChoice	0	8	1
CIGNA	1	8	0
Coventry	0	8	1
Kaiser Permanente	7	2	0
M.D. IPA	1	8	0
OCI	0	8	1
UnitedHealthcare	0	4	5

[1] A state average cannot be calculated for PPO plans because participation is voluntary and too few health benefit plans elected to participate in 2011. A summary of performance for PPO plans in Maryland is not included.

Coordination of Care

The *Care Coordination* measure asked the following question:

- *"In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from other doctors or other health providers?"*

The data below represent members who responded "always" when asked how often their personal doctor seemed informed and up to date about the care they received from other doctors and health professionals.

Table 91: Coordination of Care, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**42%**	**41%**	**45%**	**3%**			
Aetna	33%	38%	42%	⇔	★	★★	★★
BlueChoice	49%	39%	43%	⇔	★★★	★★	★★
CIGNA	42%	40%	41%	⇔	★★	★★	★★
Coventry	45%	54%	43%	⇔	★★	★★★	★★
Kaiser Permanente	47%	43%	57%	⇑	★★	★★	★★★
M.D. IPA	42%	35%	46%	⇔	★★	★	★★
OCI	39%	42%	49%	⇔	★★	★★	★★
UnitedHealthcare			36%				★

Table 92: Coordination of Care, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**45%**	**46%**	**48%**
Aetna PPO	41%	35%	40%
BluePreferred	36%	41%	46%
CGLIC	38%	40%	44%

Legend

Change 2009-2011

⇑ Plan rate increased significantly from 2009 to 2011.
⇔ Plan rate did not change significantly from 2009 to 2011.
⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Getting Care Quickly

The *Getting Care Quickly* measure is a composite of the following survey questions:

- *"In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?"*
  - Only respondents who thought they needed care right away in the last 12 months were asked this question.
- *"In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?"*
  - Only respondents who made an appointment for health care they did not need right away in the last 12 months were asked this question.

Getting Care Quickly

The data below represent members who responded that they always got care right away and got an appointment as soon as they thought they needed it.

Table 93: Getting Care Quickly, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**56%**	**56%**	**55%**	**-1%**			
Aetna	51%	57%	53%	⇔	★★	★★	★★
BlueChoice	58%	51%	54%	⇔	★★	★★	★★
CIGNA	61%	57%	54%	⇔	★★	★★	★★
Coventry	56%	59%	57%	⇔	★★	★★	★★
Kaiser Permanente	48%	62%	60%	⇑	★	★★★	★★
M.D. IPA	62%	53%	56%	⇔	★★★	★★	★★
OCI	55%	54%	55%	⇔	★★	★★	★★
UnitedHealthcare			53%				★★

Table 94: Getting Care Quickly, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**57%**	**59%**	**59%**
Aetna PPO	58%	56%	55%
BluePreferred	52%	59%	55%
CGLIC	53%	57%	55%

Legend

Change 2009-2011

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Getting Needed Care

The *Getting Needed Care* measure is a composite of the following survey questions:

- *"In the last 12 months, how often was it easy to get appointments with specialists?"*
  - Only respondents who needed to see a specialist in the last 12 months were asked this question.
- *"In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?"*
  - Only respondents who thought they needed care, tests, or treatment in the last 12 months were asked this question.

Getting Needed Care

The data below represent members who always found it easy to get appointments with specialists and to get the care, tests, and treatment they needed through their health plan.

Table 95: Getting Needed Care, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**47%**	**46%**	**48%**	**1%**			
Aetna	44%	47%	49%	⇔	★★	★★	★★
BlueChoice	49%	44%	49%	⇔	★★	★★	★★
CIGNA	46%	49%	47%	⇔	★★	★★	★★
Coventry	50%	52%	50%	⇔	★★	★★★	★★
Kaiser Permanente	46%	47%	55%	↑	★★	★★	★★★
M.D. IPA	48%	44%	47%	⇔	★★	★★	★★
OCI	44%	42%	49%	⇔	★★	★★	★★
UnitedHealthcare			41%				★

Table 96: Getting Needed Care, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**51%**	**52%**	**54%**
Aetna PPO	49%	46%	53%
BluePreferred	48%	55%	54%
CGLIC	48%	47%	52%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Health Plan Customer Service

The *Health Plan Customer Service* measure is a composite of the following survey questions:

- *"In the last 12 months, how often did your health plan's customer service give you the information or help you needed?"*
  - Only respondents who called their health plan's Customer Service Department for information or help in the last 12 months were asked this question.
- *"In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?"*
  - Only respondents who called their health plan's Customer Service Department for information or help in the last 12 months were asked this question.
- *"In the last 12 months, did your health plan give you any forms to fill out,"* **or** *"In the last 12 months, how often were the forms from your health plan easy to fill out?"*
  - Respondents who had no experience with paperwork for their health plan in the last 12 months were considered to have never had a problem filling out paperwork.

Health Plan Customer Service

The data below represent members who responded that their health plan's Customer Service Department always provided them with the information and help they needed and treated them with courtesy and respect, and that forms were always easy to fill out.

Table 97: Health Plan Customer Service, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**50%**	**50%**	**51%**	**1%**			
Aetna	52%	49%	51%	⇔	★★	★★	★★
BlueChoice	40%	39%	42%	⇔	★	★	★
CIGNA	56%	54%	57%	⇔	★★	★★	★★
Coventry	54%	49%	46%	⇔	★★	★★	★★
Kaiser Permanente	48%	55%	61%	⇑	★★	★★	★★★
M.D. IPA	52%	52%	58%	⇔	★★	★★	★★★
OCI	52%	52%	47%	⇔	★★	★★	★★
UnitedHealthcare			46%				★★

Table 98: Health Plan Customer Service, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**54%**	**56%**	**58%**
Aetna PPO	48%	51%	51%
BluePreferred	52%	54%	44%
CGLIC	57%	54%	51%

Legend

Change 2009-2011

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Health Promotion and Education

The *Health Promotion and Education* measure asked the following question:

- *"In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?"*

The data below represent members who responded "always" when asked if in the last 12 months their doctor or other health provider talked about specific things they could do to prevent illness.

Table 99: Health Promotion and Education, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**27%**	**28%**	**28%**	**1%**			
Aetna	22%	27%	28%	⇔	★	★★	★★
BlueChoice	28%	22%	29%	⇔	★★	★	★★
CIGNA	31%	29%	35%	⇔	★★	★★	★★★
Coventry	25%	33%	26%	⇔	★★	★★★	★★
Kaiser Permanente	28%	32%	35%	↑	★★	★★	★★★
M.D. IPA	27%	25%	27%	⇔	★★	★★	★★
OCI	27%	27%	25%	⇔	★★	★★	★★
UnitedHealthcare			22%				★

Table 100: Health Promotion and Education, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**27%**	**29%**	**30%**
Aetna PPO	27%	25%	27%
BluePreferred	22%	23%	27%
CGLIC	26%	22%	28%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

How Well Doctors Communicate

The *How Well Doctors Communicate* measure is a composite of several questions. Only respondents who had been to a doctor's office or clinic to get care for themselves in the last 12 months were asked these questions:

- *"In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?"*
- *"In the last 12 months, how often did your personal doctor listen carefully to you?"*
- *"In the last 12 months, how often did your personal doctor show respect for what you had to say?"*
- *"In the last 12 months, how often did your personal doctor spend enough time with you?"*

How Well Doctors Communicate

The data below represent members who responded that their personal doctors always explained things in a way that was easy to understand, listened carefully, showed respect for what they had to say, and spent enough time with them.

Table 101: How Well Doctors Communicate, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**67%**	**65%**	**70%**	**3%**			
Aetna	61%	64%	70%	↑	★	★★	★★
BlueChoice	68%	62%	69%	⇔	★★	★★	★★
CIGNA	67%	67%	68%	⇔	★★	★★	★★
Coventry	72%	73%	72%	⇔	★★★	★★★	★★
Kaiser Permanente	69%	65%	72%	⇔	★★	★★	★★
M.D. IPA	66%	62%	67%	⇔	★★	★★	★★
OCI	67%	65%	72%	⇔	★★	★★	★★
UnitedHealthcare			68%				★★

Table 102: How Well Doctors Communicate, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**71%**	**71%**	**74%**
Aetna PPO	68%	67%	67%
BluePreferred	68%	67%	68%
CGLIC	68%	63%	70%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Rating of All Health Care

The *Rating of All Health Care* measure asked the following question:

- *"Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?"*

The data below represent members who rated their care 9 or 10.

Table 103: Rating of All Health Care, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**43%**	**41%**	**44%**	**1%**			
Aetna	36%	41%	40%	⇔	★	★★	★★
BlueChoice	47%	39%	48%	⇔	★★	★★	★★
CIGNA	48%	41%	46%	⇔	★★★	★★	★★
Coventry	46%	42%	45%	⇔	★★	★★	★★
Kaiser Permanente	41%	44%	57%	⇑	★★	★★	★★★
M.D. IPA	43%	40%	44%	⇔	★★	★★	★★
OCI	38%	38%	39%	⇔	★★	★★	★
UnitedHealthcare			33%				★

Table 104: Rating of All Health Care, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**47%**	**47%**	**49%**
Aetna PPO	42%	42%	42%
BluePreferred	47%	48%	51%
CGLIC	44%	40%	43%

Legend

Change 2008–2010

- ⇑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ⇓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Rating of Health Plan

The *Rating of Health Plan* measure asked the following question:

- *"Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?"*

The data below represent members who rated their health plan a 9 or 10.

Table 105: Rating of Health Plan, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**35%**	**33%**	**33%**	**-2%**			
Aetna	31%	31%	31%	⇔	★★	★★	★★
BlueChoice	37%	31%	32%	⇔	★★	★★	★★
CIGNA	38%	38%	32%	⇔	★★	★★★	★★
Coventry	31%	26%	25%	⇔	★★	★	★
Kaiser Permanente	39%	42%	57%	🡅	★★★	★★★	★★★
M.D. IPA	34%	32%	34%	⇔	★★	★★	★★
OCI	32%	32%	30%	⇔	★★	★★	★★
UnitedHealthcare			25%				★

Table 106: Rating of Health Plan, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**37%**	**36%**	**38%**
Aetna PPO	31%	31%	34%
BluePreferred	41%	44%	42%
CGLIC	33%	32%	35%

Legend

Change 2009-2011

- 🡅 Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- 🡇 Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

Shared Decision Making

The *Shared Decision Making* measure is a composite of two questions:

- *"In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?"*
- *"In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?"*

Shared Decision Making

The data below represent members who responded "definitely yes" when asked if in the last 12 months their doctor or other health provider talked with them about the pros and cons of treatment of care, and, if there was more than one choice for treatment or heath care, whether the doctor or other health provider asked the member which choice was best.

Table 107: Shared Decision Making, HMO/POS Results

	Comparison of Absolute Rates				*Comparison of Relative Rates*		
	2009	2010	2011	Change 2009-2011	2009	2010	2011
Maryland HMO/POS Average	**57%**	**57%**	**56%**	**-1%**			
Aetna	50%	57%	50%	⇔	★	★★	★★
BlueChoice	61%	56%	53%	⇔	★★	★★	★★
CIGNA	60%	56%	60%	⇔	★★	★★	★★
Coventry	59%	59%	54%	⇔	★★	★★	★★
Kaiser Permanente	55%	60%	63%	⇔	★★	★★	★★★
M.D. IPA	55%	52%	59%	⇔	★★	★★	★★
OCI	57%	58%	55%	⇔	★★	★★	★★
UnitedHealthcare			52%				★★

Table 108: Shared Decision Making, PPO Results

	Comparison of Absolute Rates		
	2009	2010	2011
Regional PPO Average	**58%**	**60%**	**61%**
Aetna PPO	54%	55%	56%
BluePreferred	55%	56%	53%
CGLIC	61%	52%	63%

Legend

Change 2009-2011

- ↑ Plan rate increased significantly from 2009 to 2011.
- ⇔ Plan rate did not change significantly from 2009 to 2011.
- ↓ Plan rate decreased significantly from 2009 to 2011.

Relative Rates

- ★★★ Plan performed significantly better than the Maryland HMO/POS average.
- ★★ Plan performed equivalent to the Maryland HMO/POS average.
- ★ Plan performed significantly worse than the Maryland HMO/POS average.

DOMAIN 4: USE OF SERVICE

This section presents descriptive indicators and rates related to facility utilization, including information on inpatient discharge, average length of stay (ALOS), and ambulatory care.

Although there are no Use of Service measure standards, health benefit plans can use these results for initial verification of outlier rates. Outlier rates indicate that something unusual is occurring with the health benefit plan, its providers, or its members, or that the health benefit plan's data collection system is flawed. The concept behind collecting these data is that HMO/POS plans can target identified areas for further study or improvement.

Unlike Screening and Preventive Care and Treatment and Management measures, continuous enrollment criteria do not factor into most of these rate calculations. The number of member months is the sum of the months when a member is enrolled in the health benefit plan each year. For health benefit plans with stable memberships, the reported number of member years is close to the number of members enrolled at any point during the year. This comparison may not apply to health benefit plans with growing or declining enrollment.

Several factors complicate interpretation of the Use of Service measures. Readers should consider the following:

- Use of Service can be significantly influenced by a population's member characteristics (e.g., age) or health care access alternatives. HEDIS rates are not risk adjusted, so variation in health benefit plan results may be affected by real differences in member health, race, education, socioeconomic status, or outpatient alternatives. These differences may be most obvious in rates of use for various procedures.
- Standards or accepted targets for these rates do not exist. High rates *could* indicate overutilization, while low rates *could* indicate underutilization.
- Health benefit plans do not always measure Use of Service using the same method as HEDIS specifications, which means that health benefit plans do not have comparable internal rates to determine how reasonable their results are.
- For Frequency of Use measures, rates of utilization are often expressed as rates of services used per 1,000 member months, or may be converted to rates of services used per year.

Because of these factors, relative rates (i.e., above/below average scores) *are not* presented for rates of procedures. Interplan comparison is not appropriate. In addition, because of the large number of these measures, only 2011 rates are presented. Rates for previous years can be found in the *Comprehensive Report* for the year of interest.

Measures in this domain include the following:

- **Ambulatory Care**
- **Antibiotic Utilization**
- **Frequency of Selected Procedures**
- **Identification and Engagement of Alcohol and Other Drug Services**
- **Inpatient Utilization—General Hospital/Acute Care**
- **Mental Health Utilization**
- **Antibiotic Utilization**
- **Adults' Access to Preventive/Ambulatory Health Services†**
- **Children and Adolescents' Access to Primary Care Practitioners†**

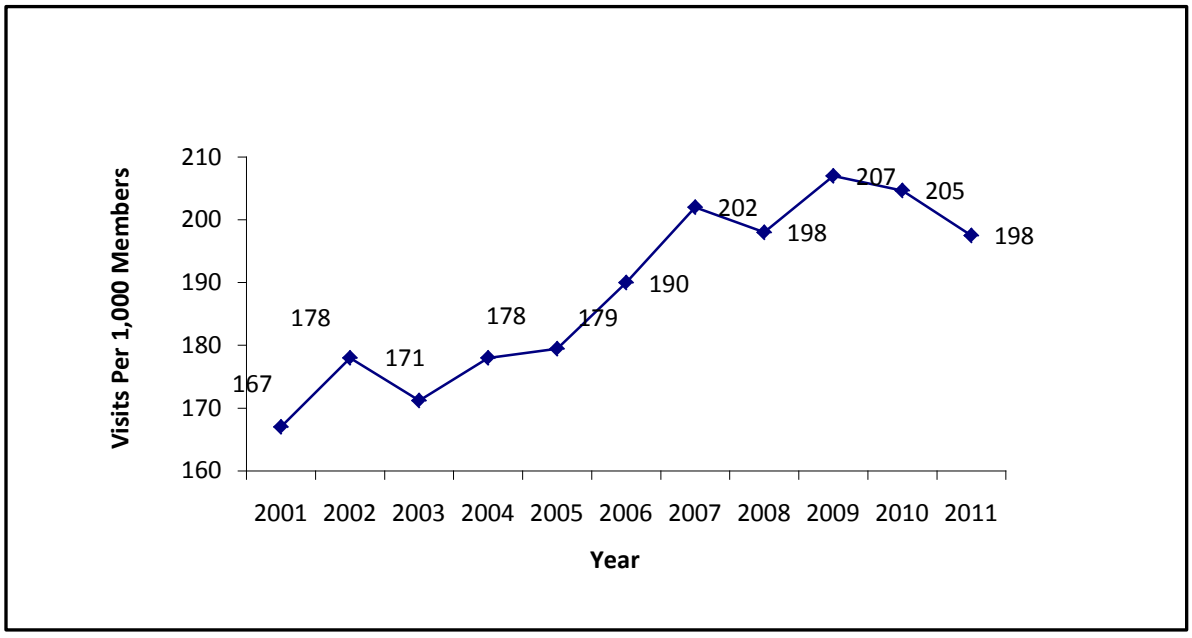
†Results include comparative data for PPO plans.

Ambulatory Care

Summarizes member use of ambulatory services, including outpatient visits and emergency department (ED) visits. Rates are per 1,000 members.

Table 109: Ambulatory Care, 2011 Results		
Visits/1,000 Members		
	Outpatient Visits	ED Visits
Maryland HMO/POS Average	3874	198
Aetna	4088	222
BlueChoice	3682	220
CIGNA	4281	198
Coventry	3057	149
Kaiser Permanente	3926	144
M.D. IPA	4228	221
OCI	3852	211
UnitedHealthcare	3875	215

Figure 9: Emergency Department, Trending



Antibiotic Utilization

Summarizes data on outpatient utilization of antibiotic prescriptions on the following:

- Total number of antibiotic prescriptions
- Average number of antibiotic prescriptions per member, per year (PMPY)
- Total days supplied for all antibiotic prescriptions
- Average number of days supplied per antibiotic prescription
- Total number of prescriptions for antibiotics of concern
- Average number of prescriptions PMPY for antibiotics of concern
- Average number of antibiotics PMPY reported by drug class:
  - For selected "antibiotics of concern"
  - For all other antibiotics
- Percentage of antibiotics of concern of total antibiotic prescriptions
- During the measurement year, stratified by age and gender and reported for each product

The table below presents the total number of antibiotic prescriptions dispensed in the measurement year; no other indicators are presented in this report.

Table 110: Total Antibiotic Prescription Dispensed, 2011 HMO/POS Results	
Maryland HMO/POS Average	**166,761**
Aetna	147,692
BlueChoice	411,301
CIGNA	60,176
Coventry	61,007
Kaiser Permanente	284,667
M.D. IPA	115,143
OCI	54,802
UnitedHealthcare	199,296

Frequency of Selected Procedures

Assesses the plan's utilization rates for the following procedures:

- *Tonsillectomy/Tonsillectomy and Adenoidectomy:* Surgical removal of the tonsils or tonsils and adenoids.
- *Hysterectomy:* Surgical removal of the uterus.
- *Cholecystectomy, open:* Surgical removal of the gallbladder through an abdominal incision.
- *Cholecystectomy, closed (laparoscopic):* Surgical removal of the gallbladder with a laparoscope.
- *Back Surgery:* Spinal fusions and disc surgeries, including laminectomies with and without disc removal.
- *Percutaneous coronary intervention (PCI):* Repairing or replacing damaged blood vessels using lasers or tiny inflatable balloons at the end of a catheter that is inserted into the vessels.
- *Cardiac Catheterization:* Procedure used to diagnose the severity and extent of coronary artery disease.
- *Coronary Artery Bypass Graft (CABG):* Surgical procedure used to treat coronary heart disease by grafting a portion of a vein from the patient to replace the portion of the damaged or blocked coronary artery.
- *Mastectomy:* Surgical removal of all or most of the breast.
- *Lumpectomy:* Surgical removal of a small tumor from the breast.
- *Prostatectomy:* Surgical removal of the prostate gland.

For HEDIS 2011, the following measures were retired: Myringotomy and Non-obstetric Dilation and Curettage (D&C). The coronary angioplasty (PTCA) measure title was changed to percutaneous coronary intervention (PCI).

Frequency of Selected Procedures

Table 111: Frequency of Tonsillectomy, 2011 HMO/POS Results		
	Procedures/1,000 Applicable Population	
	TA 0-9 years M&F	TA 10-19 years M&F
Maryland HMO/POS Average	**7.8**	**2.9**
Aetna	6.3	2.6
BlueChoice	8.7	3.9
CIGNA	8.7	2.8
Coventry	8.0	3.8
Kaiser Permanente	5.6	2.0▼
M.D. IPA	7.2	2.4
OCI	9.4	2.8
UnitedHealthcare	8.1	2.9

Notes

TA Tonsillectomy or Tonsillectomy and Adenoidectomy
M&F Male and Female

Legend

▲ Plan rate is higher than 90% of other plans, nationally.
▼ Plan rate is lower than 90% of other plans, nationally.

Frequency of Selected Procedures

Table 112: Frequency of Hysterectomy, 2011 HMO/POS Results				
	Procedures/1,000 Female Applicable Population			
	HYS-ab 15-44 yrs	HYS-ab 45-64 yrs	HYS-vag 15-44 yrs	HYS-vag 45-64 yrs
Maryland HMO/POS Average	**2.6**	**4.9**	**1.9**	**3.1**
Aetna	2.2	5.4	2.0	3.6
BlueChoice	3.0	6.8▲	1.9	3.9
CIGNA	2.7	3.7	2.2	3.9
Coventry	2.4	4.6	2.3	2.7
Kaiser Permanente	3.1	5.4	0.7	1.9
M.D. IPA	2.4	3.9	2.0	2.8
OCI	3.1	5.1	2.4	3.2
UnitedHealthcare	1.8	4.2	1.8	3.1

Notes
HYS-ab Hysterectomy—Abdominal
HYS-vag Hysterectomy—Vaginal

Legend

▲ Plan rate is higher than 90% of other plans, nationally.
▼ Plan rate is lower than 90% of other plans, nationally.

Frequency of Selected Procedures

Table 113: Frequency of Cholecystectomy, 2011 HMO/POS Results						
	Procedures/1,000 Eligible Population					
	Chol-o 30-64 yrs Male	Chol-o 15-44 yrs Female	Chol-o 45-64 yrs Female	Chol-c 30-64 yrs Male	Chol-c 15-44 yrs Female	Chol-c 45-64 yrs Female
Maryland HMO/POS Average	**0.2**	**0.1**	**0.4**	**2.2**	**4.4**	**5.3**
Aetna	0.2	0.2	0.3	1.9	4.5	4.3
BlueChoice	0.2	0.1	0.4	2.5	5.6	6.2
CIGNA	0.2	0.0	0.3	2.9	5.4	6.8
Coventry	0.2	0.1	0.5	2.7	5.0	6.5
Kaiser Permanente	0.3	0.3▲	0.6▲	1.5▼	1.9▼	3.9▼
M.D. IPA	0.2	0.1	0.2	2.1	3.8	4.3
OCI	0.2	0.1	0.6▲	2.3	4.5	5.5
UnitedHealthcare	0.2	0.0	0.1	2.0	4.4	5.0

Notes
Chol-o Cholecystectomy—Open
Chol-c Cholecystectomy—Closed

Table 114: Frequency of Back Surgery, 2011 HMO/POS Results				
	Procedures/1,000 Eligible Population			
	Back Surgery 20-44 yrs Male	Back Surgery 20-44 yrs Female	Back Surgery 45-64 yrs Male	Back Surgery 45-64 yrs Female
Maryland HMO/POS Average	**2.2**	**2.0**	**4.9**	**4.7**
Aetna	2.4	1.7	4.5	4.5
BlueChoice	2.6	2.4	6.5	6.0
CIGNA	3.0	1.9	5.8	4.8
Coventry	2.2	2.6	3.6	5.0
Kaiser Permanente	1.1▼	1.0▼	2.6▼	2.4▼
M.D. IPA	1.6	1.9	5.5	4.4
OCI	2.1	2.6	5.5	5.5
UnitedHealthcare	2.3	2.0	5.0	4.9

Legend

▲ Plan rate is higher than 90% of other plans, nationally.
▼ Plan rate is lower than 90% of other plans, nationally.

Frequency of Selected Procedures

Table 115: Frequency of Cardiac Procedures, 2011 HMO/POS Results						
	Procedures/1,000 Eligible Population					
	PCI 45-64 yrs Male	PCI 45-64 yrs Female	CC 45-64 yrs Male	CC 45-64 yrs Female	CABG 45-64 yrs Male	CABG 45-64 yrs Female
Maryland HMO/POS Average	**5.5**	**1.8**	**9.0**	**6.5**	**1.7**	**0.5**
Aetna	5.9	1.7	8.0	6.7	1.4	0.5
BlueChoice	6.3	1.9	10.9	7.5	1.6	0.5
CIGNA	5.9	1.8	12.2	7.4	2.0	0.4
Coventry	5.6	2.1	8.1	6.0	1.7	0.4
Kaiser Permanente	3.7	1.5	5.9	4.3	1.8	0.7
M.D. IPA	5.6	1.5	9.9	7.6	1.2	0.4
OCI	5.8	2.0	8.6	6.9	1.9	0.4
UnitedHealthcare	5.1	1.4	8.1	5.7	1.7	0.4

Notes
PCI Percutaneous Coronary Intervention
CC Cardiac Catheterization
CABG Coronary Artery Bypass Graft

Table 116: Frequency of Mastectomy, Lumpectomy, and Prostatectomy, 2011 HMO/POS Results					
	Procedures/1,000 Eligible Population				
	Mastectomy		Lumpectomy		Prostatectomy
	15-44 yrs Female	45-64 yrs Female	15-44 yrs Female	45-64 yrs Female	45-64 yrs Male
Maryland HMO/POS Average	**0.6**	**2.0**	**2.6**	**6.2**	**2.8**
Aetna	0.6	3.1▲	2.8	6.9	3.1
BlueChoice	0.6	1.9	2.7	7.3	3.0
CIGNA	0.8	1.7	2.4	6.2	2.8
Coventry	1.1▲	2.0	2.6	4.9	2.2
Kaiser Permanente	0.4	2.2	2.2	5.1	2.8
M.D. IPA	0.5	1.5	2.9	6.7	3.2
OCI	0.4	2.3	2.5	5.6	2.9
UnitedHealthcare	0.8	1.4	2.3	6.7	2.6

Legend
▲ Plan rate is higher than 90% of other plans, nationally.
▼ Plan rate is lower than 90% of other plans, nationally.

Identification of Alcohol and Other Drug Services

Summarizes the number and percentage of members with an alcohol or other drug service claim who received the following chemical dependency services during the measurement year:

- Any services
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or emergency department (ED)

Table 117: Percentage of Members Receiving Services, 2011 HMO/POS Results

	Any Services		Inpatient		Intensive Outpatient or Partial Hospitalization		Outpatient or ED	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Maryland HMO/POS Average	**2,521**	**1.04%**	**694**	**0.29%**	**263**	**0.12%**	**2,137**	**0.88%**
Aetna	1,928	0.91%	559	0.26%	222	0.11%	1,747	0.83%
BlueChoice	6,842	1.08%	1,945	0.31%	860	0.14%	5,303	0.84%
CIGNA	606	0.71%	152	0.18%	84	0.10%	495	0.58%
Coventry	853	1.25%	229	0.33%	119	0.17%	696	1.02%
Kaiser Permanente	5,316	1.28%	1,313	0.32%	276	0.07%	5,036	1.22%
M.D. IPA	1,138	0.89%	357	0.28%	124	0.10%	914	0.72%
OCI	814	1.12%	228	0.31%	106	0.15%	670	0.92%
UnitedHealthcare	2,669	1.10%	768	0.32%	315	0.13%	2,231	0.92%

Inpatient Utilization—General Hospital/Acute Care

Reports general hospital rates of utilization for treatment of acute conditions and average length of stay (ALOS). Three separate rates are reported and they include:

- All patients (Total)
- Medical patients (Medicine)
- Surgical patients (Surgical)

Table 118: Inpatient Utilization—General Hospital/Acute Care, 2011 HMO/POS Results

	Discharges/1,000 Members			ALOS (Days)		
	Total	Medicine	Surgical	Total	Medicine	Surgical
Maryland HMO/POS Average	**52.8**	**22.9**	**18.0**	**3.7**	**3.4**	**4.6**
Aetna	55.0	25.6	16.7	3.7	3.5	4.5
BlueChoice	55.0	23.7	17.6	3.5	3.3	4.1
CIGNA	51.4	21.1	17.5	3.9	3.7	4.5
Coventry	53.3	20.3	22.4	3.4	3.0▼	4.2
Kaiser Permanente	49.9	24.5	12.9▼	4.0	4.0	5.1▲
M.D. IPA	57.5	28.1	20.6	3.9	3.2	5.2▲
OCI	47.6	20.7	17.3	3.5	3.0	4.5
UnitedHealthcare	53.0	19.2	18.8	3.6	3.2	4.5

Legend

▲ Plan rate is higher than 90% of other plans, nationally.

▼ Plan rate is lower than 90% of other plans, nationally.

Mental Health Utilization—Percentage of Members Receiving Services

The number and percentage of members receiving the following mental health services during the measurement year:

- Any services
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or ED

Table 119: Mental Health Utilization—Percentage of Members Receiving Services, 2011 HMO/POS Results

	Any Services		Inpatient		Intensive Outpatient or Partial Hospitalization		Outpatient or ED	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Maryland HMO/POS Average	**13,330**	**5.58%**	**547**	**0.24%**	**202**	**0.09%**	**13,207**	**5.52%**
Aetna	11,448	5.44%	469	0.22%	167	0.08%	11335	5.38%
BlueChoice	36,326	5.74%	1,389	0.22%	474	0.07%	35981	5.69%
CIGNA	4,929	5.74%	176	0.20%	58	0.07%	4896	5.70%
Coventry	2,892	4.22%	192	0.28%	88	0.13%	2811	4.10%
Kaiser Permanente	22,981	5.55%	990	0.24%	477	0.12%	22788	5.51%
M.D. IPA	7,035	5.52%	354	0.28%	89	0.07%	6971	5.47%
OCI	3,896	5.34%	178	0.24%	65	0.09%	3855	5.28%
UnitedHealthcare	17,129	7.08%	628	0.26%	197	0.08%	17019	7.03%

Adults' Access to Preventive/Ambulatory Health Services

The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports two separate percentages, including ages 20-44 years and ages 45-64 years.

Table 120: 20-44 Years, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**93%**	
Aetna	93%	★
BlueChoice	93%	★★
CIGNA	95%	★★★
Coventry	92%	★
Kaiser Permanente	94%	★★★
M.D. IPA	93%	★★
OCI	92%	★
UnitedHealthcare	93%	★★

Table 121: 20-44 Years, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**92%**
Aetna PPO	92%
BluePreferred	91%
CGLIC	92%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Adults' Access to Preventive/Ambulatory Health Services

Table 122: 45-64 Years, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**95%**	
Aetna	95%	★
BlueChoice	95%	★
CIGNA	96%	★★★
Coventry	95%	★★
Kaiser Permanente	96%	★★★
M.D. IPA	96%	★★★
OCI	95%	★
UnitedHealthcare	95%	★★

Table 123: 45-64 Years, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**94%**
Aetna PPO	95%
BluePreferred	95%
CGLIC	94%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Children and Adolescents' Access to Primary Care Practitioner

The percentage of members 12 months-19 years of age who had a visit with a PCP. The organization reports four separate percentages which include the following:

- Children 12-24 months as well as 25 months-6 years who had a visit with a PCP during the measurement year
- Children 7-11 years as well as adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year

Table 124: 12-24 Months, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**98%**	
Aetna	98%	★★
BlueChoice	98%	★★
CIGNA	99%	★★★
Coventry	98%	★★
Kaiser Permanente	97%	★
M.D. IPA	98%	★★
OCI	97%	★★
UnitedHealthcare	97%	★

Table 125: 12-24 Months, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**97%**
Aetna PPO	97%
BluePreferred	92%
CGLIC	96%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Children and Adolescents' Access to Primary Care Practitioner

Table 126: 25 Months – 6 Years, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	**93%**	
Aetna	92%	★
BlueChoice	93%	★
CIGNA	94%	★★★
Coventry	94%	★★★
Kaiser Permanente	95%	★★★
M.D. IPA	93%	★★
OCI	90%	★
UnitedHealthcare	93%	★★

Table 127: 25 Months – 6 Years, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**92%**
Aetna PPO	92%
BluePreferred	86%
CGLIC	90%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Children and Adolescents' Access to Primary Care Practitioner

Table 128: 7 – 11 Years, HMO/POS Results		
	Comparison of Absolute Rates	*Comparison of Relative Rates*
	2011	2011
Maryland HMO/POS Average	94%	
Aetna	93%	★
BlueChoice	94%	★★
CIGNA	95%	★★★
Coventry	95%	★★★
Kaiser Permanente	95%	★★★
M.D. IPA	94%	★★★
OCI	93%	★
UnitedHealthcare	93%	★★

Table 129: 7 – 11 Years, PPO Results	
	Comparison of Absolute Rates
	2011
Regional PPO Average	**92%**
Aetna PPO	93%
BluePreferred	84%
CGLIC	91%

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

DOMAIN 5: HEALTH BENEFIT PLAN DESCRIPTIVE INFORMATION

This section contains results for the HEDIS 2011 Health Benefit Plan Descriptive Information measures that MHCC required Maryland commercial HMO/POS health benefit plans to report in 2010. It includes the following information on health benefit plan structure, staffing, and enrollment:

- **Board Certification**
- **Enrollment by Product Line**
- **Enrollment by State**

Board Certification

Reports the percentage of the following types of physician specialties whose physicians' board certification is *active* as of December 31 of the measurement year:

- Family medicine physicians
- Internal medicine physicians
- OB/GYN physicians
- Pediatricians
- All other practitioner specialists

"Board certification" refers to the various specialty certification programs of the American Board of Medical Specialties and the American Osteopathic Association.

Table 130: Board Certification, 2011 HMO/POS Results

	Family Medicine		Internal Medicine		OB/GYN		Pediatrician		Other Specialist	
Maryland HMO/POS Average	**80%**		**80%**		**77%**		**86%**		**77%**	
Aetna	82%	★★	78%	★	73%	★	84%	★	71%	★
BlueChoice	83%	★★★	83%	★★★	68%	★	86%	★★	78%	★★★
CIGNA	71%	★	77%	★	57%	★	78%	★	74%	★
Coventry	85%	★★★	78%	★	79%	★★	89%	★★★	85%	★★★
Kaiser Permanente	92%	★★★	89%	★★★	86%	★★★	92%	★★★	87%	★★★
M.D. IPA	77%	★	80%	★★	85%	★★★	86%	★★	73%	★
OCI	76%	★	79%	★	85%	★★★	85%	★★	73%	★
UnitedHealthcare	77%	★	80%	★★	85%	★★★	86%	★★	73%	★

Legend

Relative Rates

★★★ Plan performed significantly better than the Maryland HMO/POS average.
★★ Plan performed equivalent to the Maryland HMO/POS average.
★ Plan performed significantly worse than the Maryland HMO/POS average.

Enrollment by Product Line

The aggregate number of member years enrolled in the health plan during the measurement year. Member years are closely associated with the number of members in a health plan. Enrollment figures are for each plan's entire population, stratified by age and gender. Figures include Maryland residents and may include members residing in service areas of Washington, D.C.; regions of Virginia; Delaware; southern New Jersey; southeastern Pennsylvania; and West Virginia, depending on the geographic configuration of the HMO.

Enrollment by State

The number of members enrolled as of December 31 of the measurement year, by state.

Enrollment figures for all plans except Kaiser Permanente include membership in HMO and POS products. Kaiser reports HEDIS rates based on the HMO product alone.

Enrollment by Product Line

Table 131: 2010 Enrollment by Product Line (Member Years), HMO/POS Results															
	Ages 0–19			Ages 20–44			Ages 45–64			Ages 65+			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	2011	2010	2009
Maryland HMO/POS Average	**31,816**	**30,610**	**62,426**	**42,025**	**48,297**	**90,322**	**34,770**	**38,725**	**73,495**	**3,965**	**3,824**	**7,789**	**234,032**	**263,543**	**296,037**
Maryland Total	**254,529**	**244,877**	**499,406**	**336,200**	**386,379**	**722,579**	**278,158**	**309,801**	**587,959**	**31,721**	**30,590**	**62,311**	**1,872,255**	**1,844,804**	**2,072,260**
Aetna	31,704	30,743	62,447	35,153	41,782	76,935	30,413	34,735	65,148	3,920	4,161	8,081	212,611	265,970	292,315
BlueChoice	81,479	78,423	159,902	123,620	145,807	269,427	87,435	96,309	183,744	9,815	9,946	19,761	632,834	659,096	671,859
CIGNA	14,718	14,125	28,843	16,138	18,855	34,993	16,858	17,978	34,836	963	784	1,747	100,419	131,916	183,896
Coventry	8,240	7,765	16,005	14,491	12,786	27,277	12,243	11,254	23,497	971	782	1,753	68,532	86,832	102,429
Kaiser Permanente	54,687	52,896	107,583	69,174	79,845	149,019	64,905	76,558	141,463	8,099	7,722	15,821	413,886	409,594	424,423
M.D. IPA	20,632	19,719	40,351	15,184	19,773	34,957	20,711	23,923	44,634	3,894	3,654	7,548	127,490	163,579	189,750
OCI	10,171	9,814	19,985	12,235	13,270	25,505	12,319	12,985	25,304	1,118	1,074	2,192	72,986	127,817	207,588
UnitedHealthcare	32,898	31,392	64,290	50,205	54,261	104,466	33,274	36,059	69,333	2,941	2,467	5,408	243,497		

Enrollment by State

Table 132: 2010 Enrollment by State, HMO/POS Results									
	Maryland	Delaware	D.C.	New Jersey	Pennsylvania	Virginia	West Virginia	Other	Total
Maryland HMO/POS Average	**56.15%**	**5.28%**	**4.94%**	**0.16%**	**1.26%**	**31.15%**	**0.96%**	**0.09%**	**100%**
Total State Enrollment	**1,103,854**	**27,287**	**113,992**	**1,871**	**11,374**	**552,327**	**9,706**	**4,367**	**1,824,778**
Aetna	55.93%	0.14%	8.10%	0.13%	0.51%	34.97%	0.22%	0.00%	213,520
BlueChoice	76.00%	0.06%	5.60%	0.01%	0.22%	17.26%	0.15%	0.71%	607,467
CIGNA	34.35%	0.02%	2.17%	0.03%	0.30%	59.79%	3.34%	0.00%	92,812
Coventry	54.41%	38.64%	0.09%	0.65%	5.87%	0.27%	0.07%	0.00%	62,189
Kaiser Permanente	51.42%	0.03%	9.06%	0.02%	0.24%	38.94%	0.29%	0.00%	420,394
M.D. IPA	65.66%	0.16%	6.48%	0.02%	0.67%	26.09%	0.91%	0.01%	126,651
OCI	61.57%	3.07%	2.81%	0.02%	1.29%	29.20%	2.04%	0.00%	61,890
UnitedHealthcare	49.88%	0.15%	5.23%	0.43%	0.99%	42.65%	0.67%	0.00%	239,855

APPENDIX A—ACCREDITATION INFORMATION

Health Benefit Plan Accreditation Information

Accreditation is another way of assessing health benefit plan quality; it is an independent, external assessment of quality by a review organization. NCQA and the American Accreditation Healthcare Commission/URAC accredit the health benefit plans and managed behavioral healthcare organizations (MBHO) in this report.

Each health benefit plan and MBHO in this report voluntarily obtained accreditation through NCQA or URAC, or through both. In Maryland, accreditation is not required for health benefit plans or MBHOs.

Health Benefit Plan Accreditation by NCQA

NCQA Accreditation evaluates how well an organization manages its delivery system—physicians, hospitals, other providers, and administrative services—for continuous improvement of the health care it delivers to members. A team of physicians and managed care experts conducts onsite and offsite evaluations. The team reviews grievance procedures, physician evaluation and care management processes, preventive health efforts, medical record keeping, quality improvement, and performance on key aspects of clinical care, such as immunization rates. In 2011, NCQA's Accreditation Program required HMO and POS plans to report performance results for 28 clinical care measures and 9 satisfaction measures. PPO plans were required to report performance results for 25 clinical care measures and 9 satisfaction measures.

A national Review Oversight Committee (ROC) of physicians analyzes the team's findings and assigns an accreditation level based on an organization's performance on selected HEDIS measures, relative to NCQA standards and to other organizations.

NCQA Accreditation Levels

NCQA assigns one of the following five accreditation levels, based on a organization's performance:

- **Excellent**: NCQA awards its highest accreditation status of Excellent to organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. HEDIS and CAHPS results are in the highest range of national performance.
- **Commendable**: NCQA awards a status of Commendable to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.
- **Accredited**: NCQA awards an accreditation status of Accredited to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take further action to achieve a higher accreditation status.
- **Provisional**: NCQA awards a status of Provisional to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take significant action to achieve a higher accreditation status.
- **Denied**: NCQA denies Accreditation to organizations whose programs for service and clinical quality did not meet NCQA requirements during the Accreditation survey.

Pharmacy Management Standards

Maryland health benefit plans accredited by NCQA have met NCQA standards for pharmaceutical management, including formulary development. To help ensure that the health benefit plan drug formularies are fair and valid, these health benefit plans' formulary policies are reviewed under the

pharmaceutical management standards. NCQA standards require the health benefit plan's formulary to meet the following criteria:

- The formulary is based on sound clinical evidence.
- There is annual review of the formulary, with updates at least annually.
- Appropriate, actively practicing practitioners, including pharmacists, are involved in developing and updating the formulary.
- There is a policy of giving practitioners a copy of the formulary and notifying them of changes.
- Policies consider medically necessary exceptions to the formulary.

These health benefit plans are accredited by NCQA and meet the pharmaceutical management standards described above: Aetna, Aetna PPO, BlueChoice, BluePreferred, CIGNA, Kaiser Permanente, M.D. IPA, and OCI, and UnitedHealthcare.

Health Benefit Plan Accreditation by URAC

URAC's accreditation standards provide a comprehensive assessment of organization performance and apply to health care systems that provide a full range of health care services, such as HMO plans and fully integrated PPO plans. Standards include key quality benchmarks for network management, provider credentialing, utilization management, quality improvement, and consumer protection.

Organizations applying for accreditation participate in a review process involving several phases. The initial phase of the accreditation process consists of completing the application forms and supplying supporting documentation. The remaining three phases cover a period of approximately four to six months and include the following:

Desktop Review: During the review process, the reviewer analyzes the applicant's documentation with regard to URAC standards.

Onsite Review: The accreditation review team conducts an onsite review to verify compliance with URAC standards.

Committee Review: The last phase of review, leading to a recommendation regarding the application, involves examination by two URAC committees that comprise professionals from health care and other industry experts.

Following these reviews, an accreditation recommendation is provided to URAC's Executive Committee, which makes the final accreditation decision.

URAC Accreditation Levels

URAC assigns one of the following three accreditation levels based on a organization's performance:

- ***Full:*** Awarded to organizations that successfully meet all requirements. Full Accreditation is for two years. An accreditation certificate is issued to each company site that participates in the accreditation review. As a condition of accreditation, organizations awarded Full Accreditation must remain compliant with URAC standards during the two-year accreditation cycle.
- ***Conditional:*** Awarded to organizations that have appropriate documentation but did not completely implement certain policies or procedures before achieving full compliance. URAC

requires organizations with Conditional Accreditation to follow a plan to demonstrate full compliance and move to Full Accreditation status within six months.

- ***Provisional:*** Awarded to organizations that complied with all standards but had not been in operation long enough (less than six months) at the time of the onsite review to demonstrate full compliance. URAC requires organizations with Provisional Accreditation to demonstrate full compliance of standards to meet Full Accreditation status.

Organizations that cannot meet URAC standards may be placed on corrective action status, may be denied accreditation, or may withdraw.

Table A-1: Health Benefit Plan Accreditation Status

Health Plan	Organization	Accreditation Status*	Expiration Date (mm/yy)
Aetna	NCQA	Excellent	01/14
Aetna PPO	NCQA	Excellent	12/13
BlueChoice	NCQA	Commendable	11/13
BluePreferred PPO	NCQA	Commendable	11/13
CIGNA	NCQA	Excellent	10/12
CGLIC	NCQA	In Process	N/A
Coventry	URAC	Full Accreditation	06/13
Kaiser Permanente	NCQA	Excellent	08/13
M.D. IPA	NCQA	Commendable	03/12
OCI	NCQA	Commendable	03/12
UnitedHealthcare	NCQA	Commendable	12/12

* Accreditation status as of September 2011. Visit www.ncqa.org and www.urac.org for the most current information on accreditation status.

NCQA MBHO Accreditation

MBHO and NCQA Accreditation Programs are closely aligned with nearly identical sets of standards that apply to both types of organizations. Both programs seek to promote access to behavioral healthcare and improve coordination between medical and behavioral health professionals.

The MBHO accreditation program requires MBHOs to annually monitor and evaluate at least two preventive behavioral healthcare screening and educational interventions offered to their covered population. The categories of preventive interventions listed in the standards are adapted from the Institute of Medicine's *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research* (1994). This publication lists a number of illustrative preventive interventions for the various age and population categories.

URAC MBHO Accreditation

Like other integrated health care delivery systems, MBHOs may undergo a full review of their operations or have individual components reviewed for accreditation. URAC's accreditation standards assess an organization and assign an accreditation level based on performance on defined standards. The accreditation process consists of the multiphase review described in the previous section. A range of accreditation programs is available through URAC, permitting review of a segment of organization operations. The Health Utilization Management and Case Management standards are examples of

accreditation modules that MCOs (such as MBHOs) select to demonstrate that they have the appropriate structures and procedures to promote quality care, when making medical necessity determinations.

To satisfy legislative, task force, and MHCC requirements, health benefit plans report on MHCC-specific measures related to behavioral healthcare. Table A-2 presents the accreditation status and the percentage of health benefit plan members with a behavioral healthcare benefit, which is a MHCC-specific measure that HMO and POS plans were required to report.

Table A-2: MBHO Accreditation Status and Behavioral Healthcare Benefit

Health Benefit Plan	MBHO	Accrediting Body	Accreditation Status: Expiration Date*	Percentage of Members With Behavioral Healthcare Benefit
Aetna	Aetna Behavioral Health	NCQA	Full: Expires 1/14	99.04%
CareFirst BlueChoice	Magellan Tristate Care Management Center	NCQA	Full: Expires 7/13	89.92%
		URAC	Full: UM Expires 6/13 and CM Expires 9/13	
CIGNA Health Care of Mid-Atlantic, Inc.	CIGNA Behavioral Health, Inc.	NCQA	Full: Expires 12/11	85.26%
Coventry Health Care of Delaware	MHNet	NCQA	Full: Expires 09/12	99.69%
		URAC	Full: Expires 01/12	
Kaiser Permanente	Internal Network	NCQA	Excellent: Expires 06/13	99.53%
M.D. IPA	United Behavioral Health	NCQA	Full: 6/12	100%
		URAC	Full: 2/14	
OCI	United Behavioral Health	NCQA	Full: 6/12	100%
		URAC	Full: 2/14	
UnitedHealthcare	United Behavioral Health	NCQA	Full: 6/12	84.95%
		URAC	Full: 2/14	

* Accreditation Status as of August 2011. Visit www.ncqa.org and www.urac.org for the most current information on accreditation status.

APPENDIX B—METHODOLOGY FOR AUDIT OF HEDIS 2011 RATES

HEDIS Compliance Audit™

NCQA's HEDIS Compliance Audit has a standardized methodology that enables organizations to make direct comparison of organization rates for HEDIS performance measures. Maryland hired HealthcareData Company, LLC (HDC), an NCQA licensed organization, to conduct a full audit of the Maryland commercial health benefit plans as prescribed by *HEDIS 2011, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*, published by NCQA. In addition, HDC reviewed non-HEDIS data that the MHCC required health benefit plans to report in 2011.

A major objective of the audit is to determine the reasonableness and accuracy of how each health benefit plan collects data for performance reporting in Maryland. In addition to ensuring that publicly reported rates are accurate and comparable, the audit also satisfies a requirement of NCQA Accreditation.

HEDIS is a standardized set of key performance measures designed to gather information that purchasers and consumers need for reliable comparison of commercial, Medicaid and Medicare organization performance. By using a standardized methodology to collect data and calculate measure results, consumers, government agencies, employers, and organizations can more accurately evaluate and trend organization performance and compare organizations. NCQA Certified HEDIS Compliance auditors focus on two areas when evaluating each organization: an assessment of the organization's overall information system (IS) capabilities and an evaluation of its ability to comply with HEDIS specifications for individual measures.

Audit Implementation

The audit process is divided into three phases: audit preparation, onsite visit, and post-onsite and reporting activities. During these phases, auditors focus on a number of performance areas, including information practices and control procedures, sampling methods, data integrity and analytic file production, algorithmic compliance with measurement specifications, reporting, and documentation. For a detailed description of the audit phases, refer to NCQA's HEDIS 2010 *Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*.

Phase 1: Audit Preparation

The initial phase consists of various supporting tasks or activities defined by NCQA. Critical to the audit's success is the organization's completion of the Baseline Assessment Tool (BAT) before the onsite visit, followed by a review of the completed tool by auditors and MHCC staff. The BAT is a comprehensive instrument designed by NCQA to collect information about the organization's structure, information processing (e.g., claim/encounter, medical record review, membership data, provider data), and HEDIS reporting procedures (e.g., measure programming/determinations, reporting functions).

For organizations not using an NCQA Certified software vendor, auditors also perform the key task of selecting a core set of measures for each organization. The protocol requires a minimum number of 15 measures (plus the CAHPS survey sample frame). Auditors use the core set to evaluate all measures in the various HEDIS domains; review findings are then extrapolated to the full set of HEDIS measures to make a final determination of reportability. The measure set can be expanded based on any finding or issue that surfaces during the onsite audit. Each auditor uses a variety of criteria to select the core set, which includes, but is not limited to:

- Measures revised by NCQA from the prior year
- New measures being reported

- Measures calculated by vendors or by outside third parties
- Issues identified from review of the BAT that could affect code development
- Internal processes affecting data collection
- Problems experienced by the organization in prior audits.

Source-code review for measures in the core set starts during Phase 1, beginning with review of the source code associated with the CAHPS sample frame programming.

Phase 2: Onsite Visit

During Phase 2, auditors conduct in-person interviews and examine records at each organization's offices. The onsite visit comprises a number of critical activities that fall into two broad categories:

1. IS Standards Assessment: An assessment of compliance with NCQA's standards for IS capabilities. Auditors determine the effect of various IS practices on the HEDIS reporting process. The key to accurate reporting is collecting comprehensive and accurate data. Auditors do not attempt to evaluate the overall effectiveness of the organization's management of IS; rather, they determine whether the organization's automated systems, information management practices, and data control procedures ensure that all information required for HEDIS reporting is adequately captured, translated, stored, analyzed, and reported.
2. HEDIS Measure Determination Standards: An evaluation of compliance with HEDIS measure specifications. Each measure has a detailed set of specifications that describe its purpose and its method of calculation. In this activity, auditors determine whether the processes used to produce each HEDIS measure comply with HEDIS specifications and yield reportable results. If issues or discrepancies are identified, the organization is given the opportunity to make corrections and resubmit corrected code until the auditors are satisfied that all specifications are met.

Phase 3: Post-Onsite and Reporting Activities

In Phase 3, auditors work closely with organization representatives to ensure that they understand all unresolved issues and deficiencies and the potential effects of these matters on HEDIS data collection and reporting. When indicated, the auditors ask additional questions about the organization's software, programming, manual processing, and data input and output. Additionally, follow-up may be necessary to examine the effect of significant events, such as system conversion. Each organization is given a final review and the opportunity to correct unresolved items before a final determination on reportability is issued for each HEDIS measure. Key activities accomplished during this phase are as follows:

1. Initial Report of Findings. Within 10 working days of the onsite visit, the audit team prepares an initial report on its visit. The report is returned to the organization and includes the following components.
    - A detailed list of all outstanding issues
    - A list of all materials/documentation not yet received
    - An assessment of whether each tested measure meets specific data requirements

- A list of all problem areas that require follow-up action before the final audit report is issued
- Potential problems with measure rate integrity
- Notes about all measures that would receive a *Not Report (NR)* designation, based on current findings and if no action is taken to correct identified deficiencies

2. Medical Record Review Validation. Auditors complete their evaluation of the organization's medical record review process. They begin by reviewing all training materials and internal oversight policies established by the organization for medical record review. Next, they verify the accuracy of the organization's findings in which a numerator-positive event was identified (i.e., the organization's reviewer determined whether the criteria for the measure were met and the designated medical service was delivered). Auditors select two measures for each organization and request 30 charts for each measure.

3. IDSS Review. Organizations use the Interactive Data Submission System (IDSS) to record all HEDIS results and calculations submitted to NCQA and MHCC. Maryland-specific data are submitted on a MHCC-specific data submission tool. The IDSS review consists of two phases. First, the organization submits results to NCQA, where data are subjected to a series of rules and guidelines that help identify potential problem areas for correction. After this level of review, the organization informs the auditor of their readiness for final review. Auditors compare organization results to established NCQA benchmarks and organization rates from the previous year. Rates that vary by 10 percent or more between years, and rates below the 10th and above the 90th percentiles, are flagged and compared with NCQA benchmarks. Problems are evaluated to determine whether additional analysis and review are necessary.

4. Audit Designations. After reviewing all relevant documentation and processes, the auditor issues a designation of *Report (R)* or *Not Report (NR)* for each measure included in the audit. Determination for each measure is based on the rationales described here.

   Report (R)

   (R) indicates that the measure is fully or substantially compliant with HEDIS specifications or has only minor deviations that do not significantly bias the reported rate. Under NCQA guidelines, it is possible for subcomponents of a measure to fail the audit and be designated NR without resulting in an NR rating for the entire measure. An example of this is the *Ambulatory Care* measure, which comprises four subcategories: outpatient visits, ED visits, ambulatory surgery, and observation room stays. One of these subcategories could be designated *NR*, but it would be deemed *R* because the measure is a composite of three other reportable subcategories. A measure designation of *R* may also be assigned if the denominator for the measure is too small to report a valid rate or if the organization did not offer a health benefit for the measure being reported. In these cases, the rate is designated in the Maryland publications as *Not Applicable (NA)*.

   Not Report (NR)

   In compliance with guidelines established by the State of Maryland, the *NR* designation indicates that the submitted rate did not pass the audit. In other words, the auditor determined that the health benefit plan's results were significantly biased and did not reflect its true performance. NCQA has broader categories for the *NR* designation, but in Maryland, health benefit plans may not voluntarily accept an *NR* designation in place of a rate. Health benefit

plans are required to calculate and report all HEDIS measures that are part of the state's mandated performance-reporting process, unless the auditor designates the measure *NR*.

5. Audit Findings. HDC summarizes its audit findings in a health benefit plan-specific Final Audit Report that is submitted to the health benefit plan and to MHCC. The report includes recommendations for improvement and change in future audits.

APPENDIX C—METHODOLOGY FOR ADMINISTERING CAHPS 4.0H SURVEY

Background

MHCC contracted with WB&A Market Research, an NCQA Certified survey vendor specializing in health care and other consumer satisfaction surveys, to conduct research on the satisfaction of health benefit plan members following standard CAHPS procedures. In addition, MHCC contracted with the NCQA licensed audit firm, HealthcareData Company, LLC, to review programming codes used to create the list of eligible members for the survey and to validate the integrity of the sample frame before WB&A drew the sample and administered the survey. Survey data collection began in mid-February 2011 and lasted into May 2011. Summary-level data files generated by NCQA were distributed in June to each health benefit plan for a review of data before signing the attestation.

The sample size is 411, to achieve the minimum number of completed surveys necessary to obtain reportable results. Sample sizes remained stable in 2011, based on analysis of 2010 data.

The core CAHPS survey consists of 64 questions. There was one additional supplemental question specifically for Maryland health benefit plans. The core of the CAHPS survey is a set of 13 measures used to measure satisfaction with the experience of care and includes four questions that reflect overall satisfaction and seven multi-question composites that summarize responses in key areas. Respondents are asked to use a scale of 0–10 to rate their doctor, their specialist, their experience with all health care, and their health benefit plan. Responses are summarized into three categories: a rating of "9 or 10" falls in the top category, a rating of "7 or 8" falls in the second category, and the remaining ratings fall in the third category.

Six composite scores are generated from individual respondent-level data: *Claims Processing, Customer Service, Getting Care Quickly, Getting Needed Care, How Well Doctors Communicate,* and *Shared Decision Making*. In addition, question summary rates are reported individually for two items summarizing health promotion and education and coordination of care.

Survey Methods and Procedures

Sampling: Eligibility and Selection Procedures

Health benefit plan members who are eligible to participate in the CAHPS 4.0H Adult Commercial Survey had to be 18 years of age or older as of December 31 of the measurement year (2010). They also had to be continuously enrolled in the commercial health benefit plan for at least 11 of the 12 months of 2010, and remain enrolled in the health benefit plan in 2011. Enrollment data sets submitted to the CAHPS vendor are sets of all eligible members—the relevant population. All health benefit plans are required to have their CAHPS data set (sample frame) audited by the licensed HEDIS auditor before they send it to the survey vendor.

The standard sample size for 2011 administration (2010 measurement year) was 1,210 and included a 10 percent oversample. To reach the maximum number of selected members, sample files were sent to a National Change of Address (NCOA) look-up and telephone matching service. Updated addresses and phone numbers were merged into the sample files.

Survey Protocol

The CAHPS survey employs a rigorous, multistage contact protocol that features a mixed-mode methodology consisting of a four-wave mail process (two questionnaires and two reminder postcards) and at least six telephone follow-up attempts. This protocol is designed to maximize response rates and to give different types of responders a chance to reply to the survey in a way that they find comfortable. For example, telephone responders are more likely to be younger, healthier, and male;

mail responders are more likely to be older, less healthy, and better educated. The mail-only methodology is an option under the CAHPS protocol, but MHCC chose to use the mixed-mode methodology.

Response Rates

As directed by NCQA, the response rate is calculated by dividing the number of completed surveys by the number in the original sample and subtracting the ineligible respondents (completes/total sample – ineligibles). A survey is classified as a valid completion if the member appropriately responds to one or more questions. Ineligible respondents are those who are no longer enrolled in the health benefit plan, cannot respond to the survey in the language in which it is administered, are deceased, or are mentally or physically incapacitated.

There is no minimum required response rate, but there is a required minimum denominator of 100 responses to achieve a reportable rate. In 2011, the average response rate of the eight HMO plans was 33.8 percent; the highest response rate was 36.4 percent and the lowest was 27.2 percent. The average response rate of the three PPO plans was 35.5 percent; the highest response rate was 36.4 percent and the lowest was 34.9 percent.

APPENDIX D—METHODOLOGY FOR DATA ANALYSES

Methodology to Compare Health Benefit Plan Performance

For each HEDIS measure, CAHPS question, and CAHPS composite, a score is computed for each health benefit plan, and the mean value is computed for all of the health benefit plans as a group. Each score or mean is expressed as a percentage, with higher values representing more favorable performance.

Health benefit plan ratings for each measure are based on the difference between the health benefit plan score and the unweighted group mean. The statistical significance of each difference is determined by computing a 95 percent confidence interval (CI) around it. If the lower limit of the CI is greater than zero, then the health benefit plan score is significantly above the mean. If the upper limit of the CI is less than zero, then the health benefit plan score is significantly below the mean. Health benefit plans with scores significantly above or below the mean at the 95 percent significance level usually received the highest and lowest designations, respectively. All remaining health benefit plans received the middle designation.

The specific formula for calculating the CI for each measure is as follows.

For a given HEDIS measure or CAHPS individual question and plan k, let the difference d_k = plan k score – group mean. Then the formula for the 95 percent CI is $d_k \pm 1.96\sqrt{Var(d_k)}$ where $Var(d_k)$= Variance of d_k is estimated as:

$$\frac{P(P-2)}{P^2} * \frac{p_k(1-p_k)}{n_k} + \frac{1}{P^2}\sum_{k=1}^{P}\frac{p_k(1-p_k)}{n_k}$$

and p_k = plan k score

P = total number of plans

n_k = the measure denominator for plan k

For a CAHPS composite, the variance formula is modified by substituting the plan composite global proportion variance ($CGPV_k$) for the $p_k(1-p_k)/n_k$ terms where $CGPV_k = \frac{N}{N-1}\sum_{i=1}^{N}\left(\sum_{j=1}^{m}\frac{1}{m}\frac{(x_{ij}-\bar{x}_j)}{n_j}\right)^2$

and j = 1,…,m questions in the composite measure

i = 1,…,n_j members responding to question j

x_{ij} = response of member i to question j (0 or 1)

$\bar{x}_j$ = plan mean for question j

N = Members responding to at least one question in the composite.

Alternatively, the CI formula can be rearranged to compute the test statistic $\frac{d_k^2}{Var(d_k)}$.

For $d_j > 0$, the lower limit of the CI is > 0 if and only if $\frac{d_k^2}{Var(d_k)} > 1.96^2 = 3.84$.

For $d_i < 0$, the upper limit of the CI is < 0 if and only if $\frac{d_k^2}{Var(d_k)} > 1.96^2 = 3.84$.

Comparing Rates Across Years

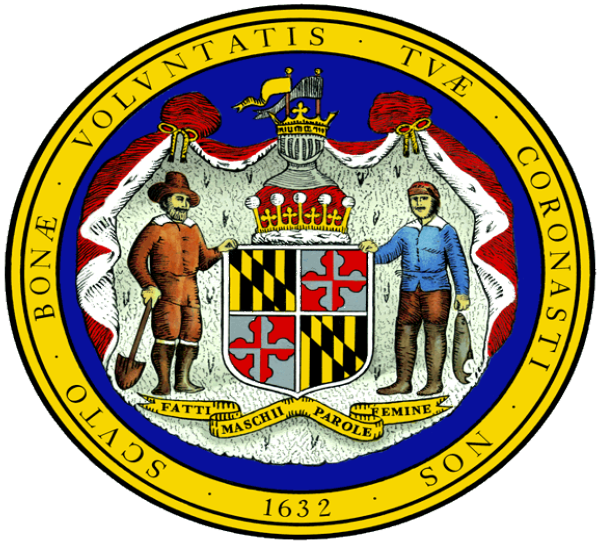
For determining the statistical significance of the trend in a health benefit plan score between 2009 and 2011, first compute the difference in health benefit plan scores between the two years. This difference *d* can be written as $p_{2009} - p_{2011}$ where p_{200x} is the health benefit plan score for year 200x on a given measure. Compute a 95 percent CI around the difference. If the lower limit of the CI is greater than zero, the trend is significantly upward. If the upper limit of the CI is less than zero, the trend is significantly downward.

The formula for the CI around *d* is: $d \pm 1.96\sqrt{Var(d)}$

where $Var(d) = \hat{p}(1-\hat{p})\left(\frac{1}{n_{2009}} + \frac{1}{n_{2011}}\right)$

and $\hat{p} = \frac{p_{2009}n_{2009} + p_{2011}n_{2011}}{n_{2009} + n_{2011}}$

and n_{200x} is the measure denominator for year 200x.



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